What are the barriers affecting accessibility of dietetic internships?

Samantha Moelter

Follow this and additional works at: http://commons.emich.edu/theses

Part of the Medicine and Health Sciences Commons

Recommended Citation
Moelter, Samantha, "What are the barriers affecting accessibility of dietetic internships?" (2016). Master's Theses and Doctoral Dissertations, 844.
http://commons.emich.edu/theses/844
What are the Barriers Affecting Accessibility of Dietetic Internships?

by Samantha Moelter

Thesis
Submitted to the School of Health Sciences
Eastern Michigan University
in partial fulfillment of the requirements

for the degree of

MASTER OF SCIENCE
in
Human Nutrition

Thesis committee:

Chair: John Carbone, PhD, RD
Alice Jo Rainville, PhD, RD, CHE, SNS, FAND
Lydia Kret, MS, RD

November 3rd, 2016
Ypsilanti, Michigan
ABSTRACT

Objective: To explore the disparity between number of students completing degrees in dietetics, students matched to internships, and current and projected field needs.

Methods: An electronic survey covering a variety of factors potentially affecting internship accessibility was distributed to 251 internship program directors, 200 preceptors, and accreditation board, staff, and review members.

Results: Of 193 total respondents, 60% agreed that accreditation competencies prepared dietetic interns well and that internship costs may hinder diversity among interns. Seventy-two percent of program directors (n=115) reported difficulties in preceptor recruitment and 56% reported difficulties in preceptor training/orientation.

Conclusion: The overarching goal of ACEND®, dietetic internship programs, and alternative certification pathways should be finding solutions that will reduce the bottleneck of qualified dietetics students unable to begin an internship upon graduating and create structures growing the accrediting ability of the field, allowing program development and expansion to keep pace with the growing demand of credentialed employees.
# Table of Contents

LIST OF TABLES........................................................................................................v
LIST OF FIGURES........................................................................................................vii

CHAPTER 1: INTRODUCTION.........................................................................................1
CHAPTER 2: LITERATURE REVIEW..............................................................................3
CHAPTER 3: METHODOLOGY .......................................................................................15
CHAPTER 4: RESULTS..................................................................................................18
CHAPTER 5: DISCUSSION.............................................................................................54
CHAPTER 6: CONCLUSION..........................................................................................61

REFERENCES................................................................................................................66

APPENDICES................................................................................................................72

Appendix A: Self-Study Report (SSR) Template ACEND® 2012 Accreditation Standards
Version 1.02....................................................................................................................73
Appendix B: Accreditation Fee Schedule Effective July 2014.......................................74
Appendix C: ACEND® Accreditation Standards for Internship Programs in Nutrition and Dietetics Leading to RD Credential Version 1.04.......................................................76
Appendix D: Field expert email consent to name release in connection to survey development.77
Appendix E: Approval from EMU Human Subjects Review Committee..........................80
Appendix F: IRB Approval Letter...................................................................................81
Appendix G: Approval to contact ACEND® Board Members & Peer Reviewers..............83
Appendix H: Dietetic Internship Program Director Information.....................................86
Appendix I: Survey solicitation email to potential survey respondents.........................87
Appendix J: Reminder email for survey solicitation......................................................90
Appendix K: Survey questionnaire

Appendix L: Complete Open Comment Survey Responses
# List of Tables

<table>
<thead>
<tr>
<th>Tables</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1. Number of Years as an RD.</td>
<td>19</td>
</tr>
<tr>
<td>Table 2. Respondents’ personal supervised practice/internship hours.</td>
<td>19</td>
</tr>
<tr>
<td>Table 3. Role in Field.</td>
<td>20</td>
</tr>
<tr>
<td>Table 4. Impact of Increase in Supervised Practice Hours on Dietetic Internship Programs.</td>
<td>21</td>
</tr>
<tr>
<td>Table 5. Impact of the increase in supervised practice hours, from 900 to 1200 hours in 2008 on Dietetic Interns.</td>
<td>21</td>
</tr>
<tr>
<td>Table 6. Difficulty/ease in preceptor recruitment by dietetic internship directors.</td>
<td>22</td>
</tr>
<tr>
<td>Table 7. Difficulty of preceptor training/orientation compared to other task as a dietetic internship program director.</td>
<td>22</td>
</tr>
<tr>
<td>Table 8. Value of additional training on preceptor recruitment/retention.</td>
<td>22</td>
</tr>
<tr>
<td>Table 9. Value of offering incentives to aid in preceptor retention.</td>
<td>23</td>
</tr>
<tr>
<td>Table 10. Preceptors’ value of receiving incentive to increase likelihood of remaining preceptor.</td>
<td>23</td>
</tr>
<tr>
<td>Table 11. Individualized Supervised Practice Pathways (ISPPs) compared to traditional dietetic internships.</td>
<td>27</td>
</tr>
<tr>
<td>Table 12. Impact of adding ISPPs as an alternative route to meeting internship requirements on dietetic internship programs.</td>
<td>27</td>
</tr>
<tr>
<td>Table 13. Number of hours respondents spend with interns annually.</td>
<td>31</td>
</tr>
<tr>
<td>Table 14. Design of ACEND® competencies and requirements.</td>
<td>37</td>
</tr>
<tr>
<td>Table 15. Respondents’ view on ACEND® reaccreditation process.</td>
<td>37</td>
</tr>
<tr>
<td>Table 16. How the ACEND® substantive change process affects site changes.</td>
<td>38</td>
</tr>
</tbody>
</table>
Table 17. Impartiality in ACEND® Peer Review site assessment ........................................38
Table 18. Respondents’ views on impact of ACEND cost associated with dietetic intern class size (per student) on expansion .................................................................38
Table 19. Impact of Dietetic Internship match process on diversity ................................43
Table 20. Effect of cost incurred by Dietetic Interns (tuition, books, etc…) on field diversity ...........................................................................................................................................43
Table 21. Impact of requiring future Registered Dietitians to complete a Master’s degree on field diversity ...............................................................................................................................................44
Table 22. Impact of requiring future Registered Dietitians to complete a Master’s degree on prestige in the workplace ........................................................................................................................49
Table 23. Impact of requiring future Registered Dietitians to complete a Master’s degree on workplace preparation ..................................................................................................................50
Table 24. Impact of requiring future Registered Dietitians to complete a Master’s degree on salaries ......................................................................................................................................................50
Table 25. Impact of requiring future Registered Dietitians to complete a Master’s degree on practitioner quality ...............................................................................................................................50
Table 26. Impact of requiring future Registered Dietitians to complete a Master’s degree on exam pass rates ..................................................................................................................................................50
List of Figures

<table>
<thead>
<tr>
<th>Figures</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1. Supply and demand for dietetic internships since 1993</td>
<td>5</td>
</tr>
<tr>
<td>Figure 2. Clinical field preceptors vs. all other respondents on incentives</td>
<td>24</td>
</tr>
<tr>
<td>Figure 3. Academic field vs. all other respondents on ISPPs</td>
<td>28</td>
</tr>
<tr>
<td>Figure 4. Impact of how total time with interns influences feelings about ISPPs</td>
<td>29</td>
</tr>
<tr>
<td>Figure 5. Preceptors’ number of interns in average year related to ISPP responses</td>
<td>31</td>
</tr>
<tr>
<td>Figure 6. Number of interns supported by program currently related to ISPP responses</td>
<td>33</td>
</tr>
<tr>
<td>Figure 7. Number of interns in program utilizing regional preceptors in response to ISPPs</td>
<td>34</td>
</tr>
<tr>
<td>Figure 8. Number of interns supported by program currently as related to cost and program expansion</td>
<td>38</td>
</tr>
<tr>
<td>Figure 9. Community Field vs. all other respondents on DI match process and diversity</td>
<td>44</td>
</tr>
<tr>
<td>Figure 10. Years in position associated with dietetic internship and/or interns vs. DI match process and diversity</td>
<td>45</td>
</tr>
</tbody>
</table>
Introduction

The field of dietetics has undergone an enormous amount of growth and change since its beginning in 1899 as a branch of the American Home Economics Association (AHEA)\(^1\) with qualifications for working in the field of dietetics becoming more structured over time.

In the 1920’s, a baccalaureate degree and 6 months approved hospital experience were set as the first minimum dietetics qualifications.\(^2\) In 1962, coordinated education programs with a supervised practice component were required to be accredited. In 1974, the US Department of Education (USDE) recognized the American Dietetic Association (ADA) as the accrediting association for dietetic internships and coordinated undergraduate programs.\(^3\) The Commission on Accreditation for Dietetics Education (CADE) was charged with overseeing the ADA’s accrediting functions, covering all education programs with a supervised practice portion, as well as all didactic programs. By 1987, Standards of Education were set in all dietetics programs, making for more uniform education and hands-on training prior to entering the work force.\(^2\) Recently, CADE was renamed The Accreditation Council for Education in Nutrition and Dietetics (ACEND\(^\circ\)\(^4\)).

As of January 25, 2014, ACEND\(^\circ\) accredited 224 didactic programs in dietetics, 250 dietetic internship programs, and 53 coordinated baccalaureate and masters’ programs.\(^5\) The most recent change in the ADA occurred in January 2012 when the name was changed to the Academy of Nutrition and Dietetics (Academy) in order to “quickly and accurately communicate” the organization’s identity.\(^6\)

The data gathered in this thesis focuses on availability of dietetic internship programs and provides insight from current practitioners, preceptors, dietetic internship program directors, and
ACEND staff, board, and reviewers on a variety of issues that impact dietetic internship accessibility.
Literature Review

The American Dietetic Association (ADA) was formed in 1917, paving the way for a triad of dietetic responsibility: nutrition, food, and management, three areas that remained the focus of the ADA and its practitioners for the next 40 years.\(^1\) In 1955, the ADA began to focus more on work with the American Hospital Association (AHA), and the clinical aspect of dietetics became a professional emphasis.\(^1\) This shift to a more clinical practice also prompted changes in education and training for dietitians. Programs moved from schools of home economics into colleges of science or health, a move that allowed a shift of focus from food to nutrition science.\(^1\)

The variety of dietetic work has grown to encompass an enormous scope: community programs, federal, state, county, and city opportunities, corporate positions, food service, entrepreneurial practices, health clubs, education and childcare, home health, nursing homes, hospitals, physician offices, and much more. ACEND\(^\text{®}\) periodically and systematically reviews accreditation standards to ensure the programs are meeting work-force expectations. Following a 2008 review of accreditation standards in dietetic education, the minimum hours of supervised practice for dietetic internships and coordinated programs increased from 900 to 1200.\(^2\) It was also decided that internships needed to increase their variety of learning experience settings, specifically emphasizing work with additional patient/client age groups, practice sites, and nutrition interventions.\(^2\)

Internship program directors must be employed fulltime by the training institution and are limited to overseeing one program.\(^2\) In an effort for internships to show their program focus, they must identify at least one, and not more than two, defined concentrations, based on the internship site’s available resources.\(^2\) Program concentrations can vary greatly, some of the
more common concentrations are, health promotion, disease prevention, medical nutrition therapy, food systems management, community nutrition, research, wellness, nutrition education, pediatrics, maternal nutrition, long term care, clinical nutrition, management, public health, sports nutrition, weight management, leadership, diabetes, eating disorders, rural health, community engagement, and entrepreneurial dietetics.\(^7\)

Additionally, program preceptors must be provided an orientation on the supervised practice objectives and expected student learning outcomes prior to accepting a mentorship role.\(^2\) Preceptors must also be committed to ongoing training based on the needs of the program and feedback from the program director and students.\(^2\)

Credentialing is a cornerstone of the dietetics field, providing a “guarantee” of quality, service, and value, as explained by Marasha Rhea, presenter at the 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education.\(^8\) Unfortunately, for those interested in pursuing the path to becoming a Registered Dietitian (RD) there can be a variety of barriers to achieving the necessary credential.

Until Individualized Supervised Practice Pathways (ISPPs) became an alternative certification option in 2011, there were two pathways to becoming an RD, completing a Didactic Program in Dietetics (DPD), followed by a dietetic internship and passing the RD exam; or completing a Coordinated Program in Dietetics (CPD) and then passing the RD exam. The majority of students choose the route of completing a DPD along with an internship, rather than the CPD option.\(^9\) Enrollment data from 2015 showed registration of 1,959 coordinated program students and 16,878 didactic program students (ACEND, personal communication, April 26, 2016). The availability of DPD programs far outnumbers CPDs.
Currently, demand for placement in dietetic internships exceeds available positions.\textsuperscript{10} In April 2009, there were 4,120 applicants for only 2,056 internship matches (50%); the remaining 2,064 applicants were not matched due to limited site availability.\textsuperscript{11} Numbers from 2012 were barely better, with a 51\% match rate (5,386 applicants, 2,926 openings and 2,732 applicants matched).\textsuperscript{10} While the Spring 2014 Computer Match Results did show a 3\% increase in internship positions (91 new slots), it did not match growth in applicants, which increased by 6\%.\textsuperscript{11} The match rate in April 2014 was 51\%, with 218 positions remaining unfilled.\textsuperscript{11} If all available slots were filled after the second round of matching, around 55\% of applicants could match with a position.\textsuperscript{11} In 2014 there were 5,140 applicants with a match rate of 51\% (2618 matched applicants).\textsuperscript{11} The figure below, provided by ACEND\textsuperscript{®}, outlines dietetic internship supply and demand from 1993 through 2009.\textsuperscript{12}

![Figure 1](image-url). Supply and demand for dietetic internships since 1993 (includes preselects)\textsuperscript{12}
Even though applicants far outnumber positions, the number of matched applicants is still below the number of available spots. In the two match periods each year, April and November, if a matched applicant does not confirm their match prior to or on “appointment day,” the position becomes available again. In the case of an unfilled position, dietetic internship directors are able to appoint interns individually from a list of non-matched applicants. The numbers presented in Figure 1 do not take into account any matches made to dietetic internships after the match date.

Currently ACEND® provides some simple suggestions for improving ones’ chances of matching with a dietetic internship:

- Ensure GPA and, if required, GRE are above the minimum requirements of the program;
- Ensure letters of recommendation and references speak to applicants’ quality of work and character;
- Ensure all paperwork and communications are professional and complete;
- Make an effort to stand out (volunteering, work experience, involvement in professional organizations, published work);
- Apply to multiple internships, perhaps even selecting organizations with a lower ratio of applicants to available positions.

While these ACEND® recommendations are helpful to students who are applying for dietetic internships, they still do not change the fact that around 50% of applicants remain unmatched at the end of the process each year.

ACEND® has no authority to mandate an increase in number of dietetic internship programs but they in conjunction with the Academy of Nutrition and Dietetics, recognize that the annual growth rate of credentialed dietetics practitioners is on the decline (3% annual growth rate
in the early 1990’s to 1.5% in 2010), while demand for credentialed professionals continues to increase. The shortfall in number of RDs is projected to increase steadily through the remainder of the decade, with about 25% of dietetic jobs being unfilled by 2020. Numerically, this represents a shortfall of about 18,000 full-time workers. The U.S. Bureau of Labor Statistics forecasts a 16% increase in RD positions between 2014 and 2024.

The Individualized Supervised Practice Pathways (ISPPs) program was established in 2011 with the intent of providing an alternate path to fulfilling the practice hours required prior to sitting for the RD exam even if a student does not match with an internship site. This program allows students with a DPD verification statement or doctoral degree access to existing accredited dietetic internships or coordinated programs even if they do not match, by developing their own rotations. This type of program admission allows ACEND®-accredited sites the opportunity to accept additional students without the standard comprehensive self-study paperwork that is normally required when changes in the program occur. Unfortunately, ISPPs showed little effect on 2011 through 2013 match rates (52% match rate in 2010 versus 54%, 53%, and 52% respectively for 2011, 2012, and 2013). The RD shortfall is even more concerning when taking into account that almost all currently employed RDs report that credentialing was preferred or required by their employer. Finding a job in the dietetics and nutrition field without being credentialed as an RD is difficult.

It is also of importance to note that in a survey of RDs (n=189), the dietetic internship was consistently rated highest in regards to all facets of educational preparation when considering their didactic program, supervised practice hours, work experience, and continuing education. The internship was most frequently chosen as the model of training that provided the most skill development, confidence, work experience, and knowledge. Because of the high
demand from employers to hire credentialed dietitians and the knowledge and experience gained from dietetic internships, it is especially important for the availability of internship sites to better meet demand.

One barrier to increasing availability of dietetic internships is a decrease in the number of preceptors providing mentorship in supervised practice programs. Preceptors oversee internship experiences in a variety of settings such as community nutrition, foodservice management, and medical nutrition therapy. They may be in charge of the interns’ experience for a few days, a few weeks, or even months. In a 2001 focus group discussion with 18 dietetic internship preceptors, many expressed that working with interns was rewarding, but that it also increased existing work demands. Preceptors also articulated apprehension in meeting the expectations of students and accredited program faculty.

Additional barriers to dietetic internships may come from the difficulty of the accreditation process. ACEND® is recognized by the U.S. Department of Education as a Title IV gatekeeper. This recognition affirms that ACEND® meets national standards and is a reliable authority on the quality of nutrition and dietetics education programs, and requires a review of standards at least once every five years. The most recent changes in standards were implemented in 2012 and were developed to “fine tune existing standards rather than overhaul them.”

The ACEND® website outlines the steps for accreditation as well as expected standards for programs interested in becoming accredited: self-analysis, preparation of a self-study report, sponsorship by “an organization responsible for the program” and an on-site evaluation by a team of appointed, professional peers. The application for ACEND site accreditation must be submitted at least 12 months prior to planned enrollment for the first group of expected students.
Following application submission, the program is notified and must schedule a site visit within six months and have their self-study report submitted within three months.\(^{19}\) The self-study report involves analyzing a program to highlight strengths and weaknesses in comparison to the ACEND\(^\circledast\) standards.\(^{19}\) If approved after these initial steps are completed, the program is considered a “candidate” for accreditation and may begin accepting students. Two classes of dietetic interns (not taking longer than four years) are able to complete their internships during this candidacy phase; then programs must seek full accreditation status, a process requiring another self-study assessment (Appendix A) and on-site visit.\(^{20}\)

When written in such simple terms the accreditation process seems straightforward; however, there are many steps for beginning an accredited dietetic internship program. ACEND\(^\circledast\) requires a variety of fees (Appendix B), including annual association fees ($1,850 in 2016), accreditation fees (ranging from $6,300 to $12,600 depending on the number of reviewers and the number of institutions), candidacy fees ($2,500), and self-study review/site visit fees (ranging from $5,840 to $6,380 depending on the number of reviewers).\(^{21}\) The cost for a first year program (in pre-candidate status) may range anywhere from $16,000 to over $29,000, without taking into account any possible special fees or advanced degree listing costs.\(^{21}\) When full budget expenses are considered, the cost is substantially larger. An example budget outlined in the 2013 ACEND Accreditation Standards for Internship Programs in Nutrition and Dietetics shows a total annual cost of $108,000, or about 30% of this particular department’s budget, for a program with 12 interns.\(^{18}\) However, it is important to note that these costs can be offset through revenue associated with fees interns pay to be a part of an internship.

In order to begin the application process, programs must meet a set of ACEND\(^\circledast\) guidelines as outlined in Appendix C, as well as create their own unique vision, mission, goals,
objectives, assessment plan, and on-going improvement plan. Additionally, they must detail information on their program concentration(s), curricular mapping, learning activities, intern learning assessments, on-going curricular improvements, and show how they plan to provide the minimum 1200 hours of supervised practice experience for interns. Internship sites must meet faculty requirements of one full-time program director, at least one additional faculty, and enough licensed/credentialed preceptors to provide depth of learning. Internship sites must also have enough administrative and financial support to meet outlined goals and objectives, as well as the necessary learning resources, physical facilities, and required support services.

Once a program has completed their candidate status and graduated at least one class of interns, they may seek full accreditation through a comprehensive evaluation by ACEND®. If full accreditation is granted, the program will receive a 7-year accreditation. After full accreditation is granted, programs are able to maintain their accreditation by continued outcome assessment and goal achievement monitoring, completing an annual report, and paying the annual accreditation maintenance fees. If programs are interested in continuing their accreditation, they must submit a self-study report and coordinate for an on-site evaluation before the conclusion of their 7-year accreditation period.

Any time the program would like to implement a substantial change during the accredited period, such as adding distance education, changing credit hour requirements, altering the number of enrollees, or the internship start date, it is necessary to submit a Substantive Change Document, and wait for ACEND® Board Approval. While the accreditation process may be time consuming, there is also an understanding that a lot of time and effort has been put into developing policies and procedures that ensure interns receive consistent training, quality curricula, and that internship experiences and standards are maintained throughout all programs.
Cost, race, sex, and geography may be barriers that applicants face for obtaining dietetic internships. As of 2015, 95% of Registered Dietitians and Dietetic Technicians (DTRs) were women\textsuperscript{23} while a 2015 survey showed 85% reporting as White. Other ethnicities were identified as very slim portions of the field: 4% Asian, 3% Hispanic/Latino, 4% Black or African American, and 1% identifying as other races (3% provided no response). The 2009 ACEND\textsuperscript{®} report showed a positive trend in overall numbers of ethnic minorities graduating from DPD programs, however, that increase did not translate to Dietetic Internship (DI) placement.\textsuperscript{24} From 2002 to 2008, there was a 58% decrease in African American students matched to internships (132 placements in 2002 versus 55 in 2008); and a 32% increase in African American DPD graduates (737 graduates in 2002 versus 971 in 2008).\textsuperscript{24} Additionally, Hispanic placement rates have remained stable (119 in 2002 versus 125 in 2008), which does not reflect the substantial Latino population increase in the U.S (43% rise from 2000 to 2010)\textsuperscript{22} and the fact that there were 739 Hispanic DPD graduates in 2002 compared to 1,284 in 2008, reflecting a 74% increase in graduates while only seeing an 8% increase in Hispanic match rates.\textsuperscript{24} It has been suggested that by increasing internship availability, workforce wages, and prestige of the career path, along with a targeted marketing campaign, the workforce population could become more diverse.\textsuperscript{9}

Salaries for RDs were found to be 40 to 45% less than the salaries of other nonphysical health professionals, even though approximately half of RDs hold advanced degrees.\textsuperscript{9} With the shortfall of RDs in a field that is quickly growing, it has been predicted that salaries will begin to increase, theoretically adding to the prestige of the field as well. According to the Bureau of Labor Statistics, the median annual salary for dietitians and nutritionists was $57,910 in 2015, with the lowest 10% earning less than $35,240, and the top 10% earning more than $80,950.\textsuperscript{25}
As of 2015, full-time RD salaries averaged $63,700, an earnings increase that could potentially provide incentive for a more diverse field of practitioners.  

When evaluating geography, it is easy to see that living in a more populated area makes the possibility of an internship more feasible versus those in rural areas. Many programs provide a reduced tuition rate to in-state applicants. States such as California, Texas, and New York, with 22, 22, and 16 accredited sites, respectively, and 225, 286, and 285 available enrollment slots, allow increased accessibility for residents of those states. However, more rural states, such as Alaska (1 accredited site with 5 annual enrollees), Maine (1 accredited site with 10 annual enrollees), or Hawaii, North Dakota, Vermont, Wyoming, and the District of Columbia (no accredited sites), put applicants in those states at a disadvantage. Additionally, those residing in states with low or no internship accessibility, or states without access to a variety of program/degree options, may face further costs associated with relocation.

The consequences of a 50% match rate for dietetic internships causes hardships throughout the nutrition and dietetics field: DPD graduates unable to continue on the education path necessary for their career; employers unable to find qualified, credentialed candidates to fill job openings; and a profession seemingly stationary in terms of diversity. These consequences become even more startling when considering that in 2012 more than 95% of medical school seniors were matched to residency positions, an indirect comparison given that medical students do not match directly from an undergraduate program, but a system nonetheless, that illustrates the planning put into place in order to better match the number of program graduates to the number of available internships.

On January 1, 2014 the Commission on Dietetic Registration (CDR), updated the dietitian registration eligibility from a baccalaureate degree to a master’s degree; therefore
dietetic interns would be unable to sit for the RD exam prior to completing a masters level degree. This move, intended to “elevate” educational preparation of the future RD was proposed to be implemented in 2024. Since that 2014 report, ACEND® has released updated information on the master’s degree requirement. In February 2015, ACEND® released a report, *Rationale for Future Education Preparation of Nutrition and Dietetics Practitioners*; the report has been updated two additional times, in both July and August 2015.

As of March 1, 2015, ACEND®, working with the CDR, is developing updated education standards for associate, bachelor, and master’s level degree programs. The proposed 2017 standards are available for multiple rounds of public comment prior to the standards being finalized. Finalized standards are anticipated in 2017, which will then be open for “voluntary adoption by pilot programs.” The outcomes of these pilot programs will be analyzed prior to implementing new requirements. The current 2012 Accreditation Standards will remain in effect, however, as pilot program information becomes available, programs will have the option to adopt the new degree standards, or continue following the 2012 Accreditation Standards.

The initial push for a graduate degree was proposed as a solution to change perceptions of RDs from assistants to leaders, elevating practice throughout the field. Additionally, it has been proposed that updating the degree standards will increase RD salaries, employee competitiveness, recognition, and respect.

When evaluating the process of becoming a Registered Dietitian through the DPD and dietetic internship pathway, there are a lot of components and processes to consider, making it readily apparent that a multitude of changes will be necessary in order to increase dietetic internship availability. Changes in accreditation standards, intern evaluation and acceptance, location and variety of supervised hours, preceptor recruitment and retention, and degree
requirements only begin to touch on the multitude of areas open for evaluation. While maintaining integrity in accreditation standards and training requirements is important for effectiveness of practitioners in the field, it is apparent that the field of dietetics is due for changes that better facilitate the needs of students, educators, and the growing job market.
Methodology

In considering the number of potential areas impacting dietetic internship accessibility, a survey was designed in order to allow for the thoughts and opinions of current field professionals to be heard, thus, the researcher created a survey that would allow dietetic internship program directors, preceptors, ACEND® program reviewers, and ACEND® board members an opportunity to provide their input. In order to develop the survey, field experts were consulted. The Dietetic Internship Program Director at Bastyr University, Ms. Debra Boutin, Dietetic Internship Program Director at University of Wisconsin Green Bay, Ms. Shelly Gabel, and Dietetic Internship Program Director at Iowa State University, Ms. Jean Anderson, provided feedback via phone and email on their experiences regarding ACEND® accreditation and processes, internship matching, ISPP as an alternative education option, preceptor recruitment, retention and training, and other trends in the field. Ms. Boutin, Ms. Gabel, and Ms. Anderson’s guidance allowed for a survey design broaching topics of importance in a nuanced manner for each category of respondents. All three field experts agreed to have their names published in this Master’s Thesis in connection to their assistance in survey development (Appendix D).

Prior to survey distribution, the researcher obtained approval for implementation of the study and survey questions from Eastern Michigan University’s Human Subjects Review Committee and IRB (Appendix E and Appendix F). Additionally, the researcher worked with ACEND® Interim Executive Director of Accreditation and Education Programs, Ms. Mary Ann Taccona, to receive permission for solicitation via electronic survey to ACEND® Board Members. Approval was received on July 24, 2014 (Appendix H).

No permissions or approvals were necessary to gain dietetic internship program directors’ contact information, as Ms. Taccona provided that all email contacts were available publicly
through the ACEND® Dietetic Internship search site (Appendix H). No permissions or approvals were necessary to gain dietetic internship preceptor contact information, as ACEND® Coordinator of Accreditation and Education Programs, Ms. Eva Donovan, stated that all email contacts were available publicly through the ACEND® Preceptor search database.

The survey was sent to current dietetic internship program directors, program preceptors, ACEND® program reviewers, and ACEND® board members (as of August 2014). An initial email message with survey link was distributed on August 18, 2014 with a follow-up reminder email on September 6, 2014 (Appendix I and J). The email message provided details on the intent and potential benefit of the survey, a privacy protection statement, an anonymity statement, informed consent, and an estimate of time necessary to complete the survey (20 minutes). The email also stated that respondents could discontinue survey completion at any time without penalty and that there was no cost associated with survey participation.

Demographic data gathered included gender, ethnicity, current RD status, year of DI completion (if applicable), number of years in the field, and area of specialty in field. Non-demographic survey questions were created utilizing a Likert multiple choice answer scale. There were also multiple opportunities throughout the survey to provide individual comments/feedback on a variety of survey subjects, such as: supervised practice hours, internship competencies and requirements, program concentrations, preceptor recruitment, training, and retention, preceptor incentives, ISPPs, DI class size, ACEND® accreditation, substantive changes process, reaccreditation process, cost, and peer review process, DI program diversity, master’s degree requirements, and more.

Survey results were evaluated as a whole, independent of individual participants, in consultation with a statistician. Likert scale questions were analyzed using linear regressions
against continuous demographic dimensions. In addition, continuous demographic dimensions were grouped into ordinal bins alongside nominal demographic dimensions and analysis of Likert scale questions was done using a Kruskal-Wallis test. As multiple hypotheses (1,322) were being tested simultaneously, the Benjamini-Hochberg procedure was applied to the p-values to minimize type I errors.

Comments and feedback were reviewed and compared for similarities in response and as a gauge for individual thoughts on a variety of topics included in the survey. Incomplete surveys were not included in results. See Appendix K for full survey and L for complete respondent comments.
Results

The survey was distributed to a total of 251 DI Program Directors, all DI Program Directors listed in the ACEND® Dietetic Internship search site (Appendix G) database as of August 2014; 200 preceptors, located within a 500 mile radius of 24 random zip code searches on the ACEND® Find-a-Preceptor-Database, with zip codes randomized via random.org, an online site utilizing atmospheric noise to create random alphanumeric strings; and an unknown number of ACEND® board, staff, and review members - dissemination of the survey to ACEND® board, staff, and review members was distributed by Ms. Mary Ann Taccona. Response rate is estimated to be between 40 to 44% (exact percentage unknown due to unknown number of ACEND® board, staff, and review members in receipt of survey). Of 202 respondents, almost all respondents were RDs (n=189), while four respondents were not RDs, and nine did not specify. Eighty-three percent of respondents (n=168) were associated with interns in their current role.

Gender and ethnicity of respondents were relatively close to percent representations of current field demographics. As of 2015, 95% of the field identified as female, while 86%
identified as White/Caucasian. In this study, respondents were 97% female and 84% identified as White/Caucasian. Given the small percentage of respondents that identified as any ethnicity descriptor other than White or Caucasian, it was not possible to evaluate significance of responses on questions based on ethnicity. Table 1 outlines the number of years survey respondents have been RDs.

**Table 1. Respondents’ number of years as an RD**

<table>
<thead>
<tr>
<th># of Years</th>
<th>0 to ≤5</th>
<th>5 to ≤10</th>
<th>10 to ≤15</th>
<th>15 to ≤20</th>
<th>20 to ≤25</th>
<th>25 to ≤30</th>
<th>30 to ≤35</th>
<th>35 to ≤40</th>
<th>40 to ≤45</th>
<th>45 to ≤50</th>
</tr>
</thead>
<tbody>
<tr>
<td># Respondents</td>
<td>28</td>
<td>27</td>
<td>17</td>
<td>19</td>
<td>25</td>
<td>25</td>
<td>22</td>
<td>17</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>% Respondents</td>
<td>15%</td>
<td>14%</td>
<td>9%</td>
<td>10%</td>
<td>13%</td>
<td>13%</td>
<td>11%</td>
<td>9%</td>
<td>2.6%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

The majority of respondents (64%) earned their supervised practice hours through a dietetic internship and 18% earned their supervised practice hours through a Coordinated Program (see Table 2). Sixty-eight percent of respondents who were associated with interns (n=168) were dietetic internship program directors and 26% were preceptors (see Table 3).

**Table 2. Respondents’ personal supervised practice/internship hours**

<table>
<thead>
<tr>
<th>Accreditation Hours Earned through:</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetic Internship</td>
<td>120</td>
<td>64%</td>
</tr>
<tr>
<td>Coordinated Program</td>
<td>34</td>
<td>18%</td>
</tr>
<tr>
<td>Master’s Degree + training</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Individualized Supervised Practice Pathway (ISPP)</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Pre-professional Practice Program (AP4)</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Plan IV (Didactic Program in Dietetics) and doctoral study</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Preplanned program with advanced degree</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>6 month work experience</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>3-year Approved Experience Program</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Traineeship</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Qualifying Experience Plan</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>100%</td>
</tr>
</tbody>
</table>
A variety of factors may be impacting (either positively or negatively) the accessibility of dietetic internships, including: preceptor recruitment and training, the introduction of ISPPs as alternative routes to meet accreditation hours, the ACEND® accreditation process, applicant characteristics including race, gender, geography, compensation, and the number of required accreditation hours. Questions regarding accredited practice hour requirements, preceptors, Individualized Supervised Practice Pathways (ISPPs), the accreditation process, diversity, and master’s degree requirements yielded significant results, particularly when evaluated by respondent’s role, field of practice, and internship program size.

**Findings Related to Increase in Accredited Practice Hours in 2008 from 900 to 1200**

Respondents who answered questions regarding the increase in supervised practice hours from 900 to 1200 hours in 2008 (n= 160) were divided on survey responses in relation to both DI programs as well as impact on interns. Thirty percent of respondents reported no impact on dietetic internship programs; 25% reported a positive impact; and 29% reported a negative impact. Sixteen percent reported no basis for comment (Table 4). Thirty-four percent of respondents reported no impact on dietetic interns; 50% reported a positive impact on dietetic interns; and 6% reported a negative impact. Twelve percent reported no basis for comment (Table 5).

### Table 3. Respondents’ role in field

<table>
<thead>
<tr>
<th>Role in Field</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetic Internship Program Director</td>
<td>115</td>
<td>68%</td>
</tr>
<tr>
<td>Dietetic Internship Preceptor</td>
<td>43</td>
<td>26%</td>
</tr>
<tr>
<td>Dietetic Internship Program Faculty/Staff</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>ACEND® Staff</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>ACEND® Board Member</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Intern</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>ACEND® Review Member &amp; DI Director</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Multiple roles</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>168</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 4. Impact of increase in supervised practice hours on dietetic internship programs (i.e., Impact on number of interns program is able to accept, effect on preceptors, program director/staff workload)

<table>
<thead>
<tr>
<th>n = 160</th>
<th>Very positively</th>
<th>Positively</th>
<th>No impact</th>
<th>Poorly</th>
<th>Very Poorly</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>5%</td>
<td>20%</td>
<td>30%</td>
<td>24%</td>
<td>5%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Table 5. Impact of the increase in supervised practice hours, from 900 to 1200 hours in 2008 on dietetic interns (i.e., Quality of internship experience, pass rate on RD exam, ability of interns to find a job in their field)

<table>
<thead>
<tr>
<th>n = 160</th>
<th>Very positively</th>
<th>Positively</th>
<th>No impact</th>
<th>Poorly</th>
<th>Very Poorly</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>12%</td>
<td>38%</td>
<td>34%</td>
<td>4%</td>
<td>2%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Individual comments on this topic provided a range of opinions and viewpoints (full comments can be found in Appendix L):

“I believe that increasing the internship hours from 900 to 1200 gives students a much better, more well-rounded experience. Not only does this prepare them for graduation and the ‘real world,’ but it also gives them adequate time to gain a better understanding of the day to day functions in each rotation.”

“Requiring an increase in supervised practice hours has further increased the difficulty of securing more supervised practice sites because sites are generally unwilling to give more time to precept interns. This is a barrier to increasing intern class size and, thus, prevents us from improving the internship match percent.”

“Increasing the hours from 900 to 1200 has no benefit to the quality of the internship. It is requiring time beyond the academic year and more time demanded from preceptors. Many
programs also had to increase tuition and this is a burden for students.”

Preceptor-Related Findings

In reviewing responses from program directors regarding preceptors there were some challenges related to recruitment, retention, training, and preceptor incentives; 72% of program directors (n=115) reported difficulties in preceptor recruitment (Table 6) and 56% of program directors (n=117) reported difficulties in preceptor training/orientation (Table 7).

Table 6. Difficulty/ease in preceptor recruitment by dietetic internship directors

<table>
<thead>
<tr>
<th>n = 115</th>
<th>Very Difficult</th>
<th>Difficult</th>
<th>Neutral Thoughts on Topic</th>
<th>Easy</th>
<th>Very Easy</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>33%</td>
<td>39%</td>
<td>12%</td>
<td>14%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Table 7. Difficulty of preceptor training/orientation compared to other tasks as a dietetic internship program director

<table>
<thead>
<tr>
<th>n = 117</th>
<th>Very Difficult</th>
<th>Difficult</th>
<th>Neutral Thoughts on Topic</th>
<th>Easy</th>
<th>Very Easy</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>21%</td>
<td>35%</td>
<td>23%</td>
<td>20%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

However, program director opinions on having additional training provided to them on the topics of preceptor recruitment/retention are a little more complicated (Table 8), as well as program director thoughts on whether offering incentives aids in preceptor retention (Table 9).

Table 8. Value of additional training on preceptor recruitment/retention

<table>
<thead>
<tr>
<th>119</th>
<th>Training would not be beneficial in any way</th>
<th>Training would be of limited benefit</th>
<th>Neutral Thoughts on Topic</th>
<th>Training would be beneficial</th>
<th>Training would be very beneficial</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>18%</td>
<td>32%</td>
<td>7%</td>
<td>33%</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Table 9. Value of offering incentives to aid in preceptor retention

<table>
<thead>
<tr>
<th>Response %</th>
<th>Incentives very negatively impact preceptor retention</th>
<th>Incentives negatively impact preceptor retention</th>
<th>Incentives in no way impact preceptor retention</th>
<th>Incentives positively impact preceptor retention</th>
<th>Incentives very positively impact preceptor retention</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 117</td>
<td>1%</td>
<td>0%</td>
<td>21%</td>
<td>46%</td>
<td>14%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Program directors’ more positively skewed responses towards incentives having a positive impact on preceptor retention is somewhat reinforced when studying responses of a similar question posed directly to preceptors. Fifty six percent of preceptors responded that incentives would not impact their decision to remain a preceptor (Table 10).

Table 10. Preceptors’ value of receiving incentive to increase likelihood of remaining a preceptor

<table>
<thead>
<tr>
<th>Response %</th>
<th>An incentive would greatly reduce my likelihood of remaining a preceptor</th>
<th>An incentive would reduce my likelihood of remaining a preceptor</th>
<th>An incentive would in no way impact my decision to remain a preceptor</th>
<th>An incentive would increase my likelihood of remaining a preceptor</th>
<th>An incentive would greatly increase my likelihood of remaining a preceptor</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 41</td>
<td>2%</td>
<td>0%</td>
<td>56%</td>
<td>29%</td>
<td>7%</td>
<td>5%</td>
</tr>
</tbody>
</table>

When reviewing individual responses to this question while also taking “work focus” into account, those who identified as being in the clinical field had responses that were significantly different compared to respondents working in other fields (p<0.001; Figure 2).
**Figure 2. Question Comparison:** In what area is the majority of your work focused? = Clinical vs. all other respondents answering: “Would receiving some type of incentive increase your likelihood of remaining a preceptor in the future?”

**Response Key:**
- v increase = An incentive would greatly increase my likelihood of remaining a preceptor
- increase = An incentive would increase my likelihood of remaining a preceptor
- no impact = An incentive would in no way impact my decision to remain a preceptor
- v reduce = An incentive would greatly reduce my likelihood of remaining a preceptor

![Bar chart showing response distribution.]

**Figure 2.** Clinical field preceptors vs. all other respondents on incentives. Blue bars indicate the % response for that group. Note how the “field_clinical” group is skewed further to the left (positive direction) than other fields.

Those preceptors who identified as primarily working in the clinical field (n=19) were more likely than those in other fields (n=20) to agree that an incentive would increase likelihood of remaining a preceptor. In non-clinical fields, almost all respondents (85%) indicated that an incentive would in no way impact their decision to remain a preceptor, and no one agreed that an incentive would greatly increase their likelihood to remain a preceptor. Only about 10% said an incentive would increase their likelihood of remaining a preceptor, and about 5% said an
incentive would reduce their likelihood of remaining a preceptor. However, those in the clinical field were much more likely to say an incentive would increase (53%) or greatly increase (16%) their likelihood of remaining a preceptor; 32% of those in the clinical field felt an incentive would not impact their decision one way or another, while no one in the clinical field would be deterred by an incentive.

Similar to comments regarding accreditation hours, those who provided individual comments on the topic of preceptors were varied in their opinions and focus:

**DI Program Director Comments** (See Appendix L for full comments):

“*I feel that preceptor incentives could possibly help with recruitment/retention, however, there should be more of a focus on training preceptors to serve in this role. I would like to consider a 'nursing model' with a trained preceptor who supervises the practice of a cohort of interns.*”

“As an internship program, I have limited time, resources, or money to offer incentives to preceptors. It has been recommended over and over to have CDR provide CPEUs for preceptors. I believe being a preceptor is as much a learning experience for the preceptor as it is for the intern. That is an incentive that could be provided to preceptors that I think would be beneficial and seen of value by them.”

“*Clinical preceptors are still the challenge, to obtain and to retain, due to overstretched staff and increased productivity expectations from administrators.*”

“*Finding preceptors is the most challenging part of the dietetic internship.*”
“I am in a hospital based internship and our preceptors are our staff- we have no issues with recruiting preceptors”

Preceptor Comments (full comments can be found in Appendix L):

“I really enjoy having students and being a preceptor. It is extremely rewarding. In no way would I expect extra compensation for doing so."

“It would be helpful to have a preceptor training every other year to refresh and learn new skills”

“The programs that require a preceptor be set up prior to matching are very detrimental. I agree to precept someone before they are matched. I can only accommodate one intern at a time so I might refuse other interns only to find the intern I agreed to work with has not matched. Distance programs like ISU are a lot of work to set up and often fall apart.”

ISPP-Related findings

ISPP responses in the survey were especially divided in comparison to other topics in the survey, even more so when accounting for certain variables, such as work focus, number of hours preceptors spend with interns, the number of interns both individual preceptors and DI programs support, as well as preceptor location in relation to the DI program. When evaluating responses directly from DI program directors about ISPPs compared to traditional internships and ISPP’s impact on traditional internships there seems to still be a lot of uncertainty (Table 11).
Table 11. Individualized Supervised Practice Pathways (ISPPs) compared to traditional dietetic internships

<table>
<thead>
<tr>
<th>n = 149</th>
<th>ISPPs are a far inferior alternative to traditional Dietetic Internships</th>
<th>ISPPs are an inferior alternative to traditional Dietetic Internships</th>
<th>No difference between the two</th>
<th>ISPPs are a superior alternative to traditional internships</th>
<th>ISPPs are a far superior alternative to traditional internships</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>10%</td>
<td>27%</td>
<td>26%</td>
<td>3%</td>
<td>0%</td>
<td>34%</td>
</tr>
</tbody>
</table>

It is important to note that 34% of respondents felt they had no basis in answering the question, while another large percentage (26%) responded that there was no difference between ISPPs and dietetic internships. Results shown below in Table 12 depict that 33% of program directors responded that ISPPs have had a negative impact on dietetic internships but 28% did not see an impact on dietetic internships. Sixteen percent responded that ISPPs have positively affected dietetic internships.

Table 12. Impact of adding ISPPs as an alternative route to meeting internship requirements on dietetic internship programs

<table>
<thead>
<tr>
<th>n = 108</th>
<th>ISPPs have very negatively affected Dietetic Internships</th>
<th>ISPPs have negatively affected Dietetic Internships</th>
<th>No change in Dietetic Internships has been seen</th>
<th>ISPPs have positively affected Dietetic Internships</th>
<th>ISPPs have very positively affected Dietetic Internships</th>
<th>No Basis for Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>15%</td>
<td>18%</td>
<td>28%</td>
<td>13%</td>
<td>3%</td>
<td>23%</td>
</tr>
</tbody>
</table>

In digging a little deeper into the conversation around ISPPs, looking at some additional identifying features, such as work focus, hours with interns, and number of interns proved especially interesting.
**Figure 3. Question Comparison:** In what area is the majority of your work focused? =

Academic vs. all other respondents answering: “**Do you think the 2011 addition of Individualized Supervised Practice Pathways (ISPPs) as an alternate route to meeting internship requirements has impacted traditional dietetic internship programs?**”

**Response Key:**

v positive= ISPPs have very positively affected Dietetic Internships

positive= ISPPs have positively affected Dietetic Internships

no change= No change in Dietetic Internships has been seen

negative= ISPPs have negatively affected Dietetic Internships

v negative= ISPPs have very negatively affected Dietetic Internships

![Bar chart showing response distribution](image)

**Figure 3.** Academic field vs. all other respondents on ISPPs. Blue bars indicate the % response for that group. Note how the “field_academics” group is skewed further to the right (negative direction) than other fields.

Those who identify as primarily working in the academic field (n=72) believe that the addition of ISPPs as an alternative route to meeting internship requirements has more negatively affected traditional dietetic internship programs than those in other fields of dietetics work.
(n=42, p<0.001). Of those in academics, no one responded that the addition of ISPPs had very positively affected Dietetic Internships; 15.3% responded that ISPPs had positively affected Dietetic Internships; while the remaining responses were almost equally weighted to ISPPs either having no effect (29%), a negative effect (28%), or a very negative effect (28%) on Dietetic Internships, substantially more negative responses than those in fields other than academics.

Those in other fields most frequently selected the neutral answer, that no change in Dietetic Internships has been seen (48%), while 10% viewed the addition of ISPPs as very positive, 19% viewed the addition of ISPPs as positive, and 17% and 7% viewed the addition of ISPPs as negative or very negative, respectively.

Continuing this trend, when evaluating the same question based on how many hours respondents spent with interns, those spending less time with interns had a more negative view of ISPPs than those spending more time with interns (p<0.001). In these responses, there was one outlier response of 40,000 hours that may have been a result of the respondent misinterpreting the question, however, one can find additional insight around the number of respondents to hours with interns minus the 40,000 hour outlier in Table 13, following the initial question comparison seen in Figure 4:

**Figure 4. Question Comparison:** How much total time (in hours) do each of those interns spend with you? = 0 hours vs. 15-900 hours respondents answering: “Do you think the 2011 addition of Individualized Supervised Practice Pathways (ISPPs) as an alternate route to meeting internship requirements has impacted traditional dietetic internship programs?”

**Response Key:**

v positive= ISPPs have very positively affected Dietetic Internships
positive= ISPPs have positively affected Dietetic Internships
no change= No change in Dietetic Internships has been seen
negative= ISPPs have negatively affected Dietetic Internships
v negative= ISPPs have very negatively affected Dietetic Internships (continued on page 30)
Figure 4. Impact of how total time with interns impacts feelings about ISPPs. Blue bars indicate the % response for that group. Note how the “0-0” group is skewed further to the right (negative direction) than programs with more hours of contact with interns.

Those spending less time with interns were more likely to respond that ISPPs have negatively affected dietetic internships than those who spent more time with interns. Sixteen percent and 28% of those with more hours found ISPPs have very positively and positively affected dietetic internships, respectively, while 16% and 4% of the same group found that ISPPs have negatively or very negatively affected dietetic internships; 36% didn’t believe there has been any change in internships with the introduction of ISPPs. Of those with fewer hours (0 to 15 hours), none found ISPPs to have had a very positive effect, while 14% chose a positive effect, 36% have not seen a change, and 26% and 25% found ISPPs to have negatively or very negatively affected Dietetic Internships.

Table 13 depicts the number of respondents in comparison to the number of hours each spends with interns, and the vast majority of respondents spent no time with interns, with almost all respondents (n= 197) having spent less than 400 hours annually with interns.
Table 13. Number of hours respondents spent with interns annually

<table>
<thead>
<tr>
<th># of Hours</th>
<th>0 to 20 (n=161)</th>
<th>15 to 20</th>
<th>30 to 40</th>
<th>50 to 65</th>
<th>80 to 100</th>
<th>120-160</th>
<th>240-400</th>
<th>420</th>
<th>900</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Respondents</td>
<td>80.5%</td>
<td>2.5%</td>
<td>4.5%</td>
<td>3%</td>
<td>3.5%</td>
<td>2%</td>
<td>3%</td>
<td>.5%</td>
<td>.5%</td>
</tr>
</tbody>
</table>

Those spending more time with interns (15 to 900 hours, n= 39) viewed ISPPs more positively than those spending less or no time (0 to 14 hours, n= 161).

Another comparison area that showed significant differences in responses were those answering the same question of ISPPs’ impact on traditional DI Programs while also taking into account the number of interns the respondent have/support in an average year. The first question comparison is based on preceptor responses (Figure 5), while the latter is based on DI program director responses (Figure 6):

**Figure 5. Question Comparison:** How many interns do you have in an average year? (Answered by Preceptors) = 1-20 vs. 0* respondents answering: **“Do you think the 2011 addition of Individualized Supervised Practice Pathways (ISPPs) as an alternate route to meeting internship requirements has impacted traditional dietetic internship programs?”**

**Response Key:**

v positive= ISPPs have very positively affected Dietetic Internships

positive= ISPPs have positively affected Dietetic Internships

no change= No change in Dietetic Internships has been seen

negative= ISPPs have negatively affected Dietetic Internships (continued on page 32)

t negative= ISPPs have very negatively affected Dietetic Internships
**Summary:** Preceptors with no interns (n=89) were more likely to view ISPPs negatively than those with 1 to 20 interns (n=24; p<0.001). No one in the “no intern” preceptor group viewed ISPPs as very positive, while only 14% viewed ISPPs as having a positive effect. The majority (37%) in the “no intern” group viewed ISPPs as having no impact, while 25% viewed ISPPs as having negatively affected Dietetic Internships and another 25% saying they have very negatively affected Dietetic Internships. Alternatively, preceptors with 1 to 20 interns are more equitably divided in their responses, skewed towards ISPPs being more positive than negative. Sixteen percent viewed ISPPs as very positively affecting Dietetic Internships while an additional 28% find them to have had a positive effect. Thirty-two percent in the larger
internship size group found ISPPs to have not had an impact, while 20% viewed ISPPs as having a negative effect and 4% found a very negative effect.

**Figure 6. Question Comparison:** How many Interns does your program currently support? = Comparing 0-1, 2-9, 10-15, 16-46, 63 respondents answering: “Do you think the 2011 addition of Individualized Supervised Practice Pathways (ISPPs) as an alternate route to meeting internship requirements has impacted traditional dietetic internship programs?”

**Response Key:**
- v positive= ISPPs have very positively affected Dietetic Internships
- positive= ISPPs have positively affected Dietetic Internships
- no change= No change in Dietetic Internships has been seen
- negative= ISPPs have negatively affected Dietetic Internships
- v negative= ISPPs have very negatively affected Dietetic Internships

**Figure 6.** Number of interns supported by programs currently related to response in ISPPs. Blue bars indicate the % response for that group. Note how the “0.0–2.0” group is skewed further to the left (positive direction) while groups with more interns skew further to the right (negative direction).
Summary: Respondents from the smallest sized programs (n=26) were most likely (p<0.001) to view ISPPs as positive or very positive (27% and 15% respectively). Medium sized program respondents with 2 to 9 interns (n=26) were the most balanced in their responses, with 19% finding ISPPs as being positive, 39% viewed them as not having an effect, 15% think they have had a negative effect, and 27% responded that ISPPs have very negatively affected DIs. Larger intern group respondents with 10 to 15 interns (n=28) most frequently selected that ISPPs negatively or very negatively affected DIs (32% and 36% respectively). Respondents from programs with the largest numbers of interns (n=24) were most likely to select the neutral response in relation to ISPPs effect on DIs, although 15% did show ISPPs as having a positive effect while 27% and 18% thought ISPPs were negatively or very negatively affecting DIs, respectively.

Another area of interest in comparing responses on ISPPs was related to preceptor location:

Figure 7. Question Comparison: How many interns in your program utilize preceptors in your region? Comparing 0-1, 2-8, 9-14, 15-46, 100 respondents answering: “Do you think the 2011 addition of Individualized Supervised Practice Pathways (ISPPs) as an alternate route to meeting internship requirements has impacted traditional dietetic internship programs?”

Response Key:
v positive= ISPPs have very positively affected Dietetic Internships
positive= ISPPs have positively affected Dietetic Internships
no change= No change in Dietetic Internships has been seen
negative= ISPPs have negatively affected Dietetic Internships
v negative= ISPPs have very negatively affected Dietetic Internships (continued on page 35)
Figure 7. Number of interns in program utilizing regional preceptors in response to ISPPs. Blue bars indicate the % response for that group. Note how the “0.0-1” group is skewed further to the left (positive direction) while groups with more interns working with preceptors in their region are skewed further to the right (negative direction).
Summary: Programs with a smaller number of interns working with preceptors in their region were more likely to view the addition of ISPPs as positive (p=0.001). In the 0-1 size group, 16% viewed ISPPs as having very positively impacted DIs while 0% viewed them as having very negatively affected DIs. All groups most frequently selected the neutral response, that ISPPs have not impacted DIs, while group sizes of 2-8, 9-14, 15-46, and 100 are all above average in selecting that ISPPs have very negatively affected DIs (32%, 23%, 22%, 100% respectively). Individual comments on the topic were diverse and sometimes emotional.

Individual Respondent Comments on ISPPs (view full comments in Appendix L):

“Since entry level RDs work in all areas of dietetics, I think interns need adequate exposure to all areas. With the proliferation of the Distance Internships and ISPP Programs, where interns 'find their own rotations,' the lack of quality supervision is rampant.”

“I think ISPP’s are a good idea that ACEND® pushed programs to do. However, mainly it hurts the 'local' internship in the area because when we go to approach a preceptor they now also have other students/interns contacting them asking for their time. I makes our schedules harder when we have to work around an outside student/intern coming into a facility that we already schedule our interns. ACEND® gave free passes-so to speak, from an accrediting side to ISPP's and that does not seem correct either.”

“I think that ISPPs are a fair alternative academically but I think they limit some of the spots for distance programs in terms of securing preceptors.”

“ISPPs have placed a great deal of strain on traditional internships because they compete for
supervised practice sites and preceptors."

“Pass rate at this time is lower with ISPP students, indicating need to look at content of programs and how competencies are met.”

**ACEND® Accreditation Process Related Findings**

In assessing the ACEND® accreditation process, survey respondents provided their insight on current competencies and requirements, the peer review process, the reaccreditation and substantive changes processes, and intern costs.

When reviewing survey responses on DI competencies and requirements, 60% of respondents felt they were well designed (Table 14).

<table>
<thead>
<tr>
<th>Table 14. Design of ACEND® competencies and requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n = 160</strong></td>
</tr>
<tr>
<td>Response %</td>
</tr>
</tbody>
</table>

However, responses regarding the substantive change and reaccreditation process were not quite as positive. Fifty-one percent of respondents indicated that the reaccreditation process was overly complicated (Table 15) and 36% of respondents indicated that the substantive change process was complicated and detracts from programs making changes (Table 16).

<table>
<thead>
<tr>
<th>Table 15. Respondents’ views on ACEND® reaccreditation process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n = 149</strong></td>
</tr>
<tr>
<td>Response %</td>
</tr>
</tbody>
</table>
Table 16. Respondents’ views on how ACEND® substantive change process affects site changes

<table>
<thead>
<tr>
<th>n = 149</th>
<th>Complicated substantive change process greatly detracts from programs making changes</th>
<th>Complicated substantive change process detracts from programs making changes</th>
<th>Substantive change process does not impact programs decision to make substantive changes</th>
<th>Simple substantive change process encourages programs to make changes</th>
<th>Simple substantive change process greatly encourages programs to make changes</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>7%</td>
<td>29%</td>
<td>22%</td>
<td>10%</td>
<td>3%</td>
<td>29%</td>
</tr>
</tbody>
</table>

When considering whether the ACEND® peer review process provides an unbiased assessment of sites seeking and maintaining accreditation, the majority of respondents found the peer review process to be mostly unbiased, while 25% had no basis for comment (Table 17).

Table 17. Impartiality in ACEND® peer review site assessment

<table>
<thead>
<tr>
<th>n = 149</th>
<th>Peer review process is very biased in assessment</th>
<th>Peer review process is somewhat biased in assessment</th>
<th>Neutral thoughts on this topic</th>
<th>Peer review process is mostly unbiased in assessment</th>
<th>Peer review process is completely unbiased in assessment</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>3%</td>
<td>15%</td>
<td>21%</td>
<td>28%</td>
<td>7%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Lastly, when reviewing responses on ACEND® accreditation costs and their impact on class size there were also mixed responses (Table 18).

Table 18. Respondents’ views on impact of ACEND® cost associated with dietetic intern class size (per student) on expansion

<table>
<thead>
<tr>
<th>n = 149</th>
<th>Cost greatly prohibits class size expansion</th>
<th>Cost somewhat prohibits class size expansion</th>
<th>Cost in no way effects class size</th>
<th>Cost is affordable, and encourages expansion of class size</th>
<th>Cost is very affordable, and greatly encourages expansion of class size</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>15%</td>
<td>23%</td>
<td>33%</td>
<td>6%</td>
<td>1%</td>
<td>22%</td>
</tr>
</tbody>
</table>
In exploring the question regarding per student cost and program expansion, findings suggest that DI Programs currently supporting a smaller number of interns seem to be more impacted by individual student costs (p = 0.01) as seen in Figure 8:

**Figure 8. Question Comparison:** How many interns does your program currently support? =

Comparing 0-1, 2-9, 10-15, 16-46 respondents answering: “**Does the cost associated with dietetic intern class size (per student) prohibit program expansion?**”

**Response Key:**

v afford= Cost is very affordable, and greatly encourages expansion of class sizes

afford= Cost is affordable, and encourages expansion of class sizes

no effect= Cost in no way effects class sizes

prohibit= Cost somewhat prohibits class size expansion

v prohibit= Cost greatly prohibits class size expansion (continued on page 40)
Figure 8. Number of interns supported by program currently as related to responses around cost prohibiting program expansion. Blue bars indicate the % response for that group. Note how the “0-1” group is skewed furthest to the right (negative direction) while groups with more interns are also skewed to the right (negative direction) but more representative of neutral responses versus negative responses.

Summary: Respondents from programs with a smaller number of interns (n=19) were more likely to think cost impacts class size and were more likely to respond that cost somewhat or greatly prohibits class size expansion (74%). No one in the first three groups (0 to 1, 2 to 9, or 10 to 16 interns) selected that the cost is very affordable and greatly encourages class size expansion. Program respondents with a larger number of interns (n=35) were less likely to view
cost as having an effect on class size. About 48% of those with classes containing 2 to 9 interns did not view costs as having an effect on class size, compared to about 40% of those with classes of 10 to 15, and about 54% of those with class sizes of 16 to 46. While those in all groups with 2 or more interns (n=97) most frequently selected that cost somewhat prohibits class size expansion after the neutral response, so even though programs with the least number of interns more proportionately agreed that cost prohibits class size expansion, those with larger numbers also agreed that cost is somewhat or greatly prohibitive.

**ACEND® Related Respondent Comments on Cost per student** (view full comments in Appendix L):

“Our program is relatively inexpensive. The main obstacle in expanding our program is lack of preceptors, not the cost. Of course, if we had to pay preceptors, then cost would be more of an issue.”

“Since I work in a teaching hospital the cost is not an issue although it could become an issue in the future.”

**ACEND® Related Respondent Comments on competencies/accreditation process** (full comments can be found in Appendix L):

“The purpose of accreditation is to maintain standards and protect students. Giving programs too much flexibility will impact the standards negatively”

“I have found ACEND® to be very helpful in answering questions-and has adapted to the
changing environment for rotation sites.”

“I think the 2008 Competencies have prepared interns to be very effective entry level practitioners.”

“Accreditation should be simplified for successful programs. ACEND® needs to focus on the programs that are not producing students who pass the RD exam. ACEND® needs to focus on getting universities to teach similar topics to better prepare students for internships.”

“I have done several major changes in the years (9) I have been director and would not let that stop me from improving the program. Also, I think that it is not the cost of the program for a DI that is a problem but the number of hours and sites/preceptors.”

“Not only is the process complicated, when you call the ACEND® office, varied advice can be given and they are not always responsive in a reasonable timeframe”

**ACEND® Related Respondent Comments on peer review process** (full comments can be found in Appendix L):

“ACEND® is not consistent in their evaluation process”

“I have been a program reviewer and on ACEND® board along with being a preceptor. There is considerable care taken to be sure the process is unbiased”
Diversity-Related Findings

When evaluating responses to questions regarding diversity, input was also quite varied. Fifty-one percent did not see an impact of the dietetic internship match process on diversity and 17% had no basis for comment (Table 19).

Table 19. Impact of Dietetic Internship match process on diversity

<table>
<thead>
<tr>
<th>n = 146</th>
<th>DI process greatly hinders program diversity</th>
<th>DI process somewhat hinders program diversity</th>
<th>DI process does not impact program diversity one way or the other</th>
<th>DI process increases program diversity</th>
<th>DI process greatly increases program diversity</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>7%</td>
<td>17%</td>
<td>51%</td>
<td>7%</td>
<td>1%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Fifty nine percent of respondents (n=86) answered that costs incurred by interns were prohibitive and hindered diversity (Table 20). Only 11% felt that costs were not prohibitive and did not affect diversity. Twenty-one percent (n=34) reported that costs did not affect diversity.

Table 20. Effect of the costs incurred by dietetic interns (tuition, books, etc...) on field diversity

<table>
<thead>
<tr>
<th>n = 146</th>
<th>Costs are very prohibitive and hinder diversity</th>
<th>Costs are prohibitive and hinder diversity</th>
<th>Costs in no way affect diversity</th>
<th>Costs are not prohibitive and do not affect diversity</th>
<th>Costs are affordable and do not affect diversity</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>17%</td>
<td>42%</td>
<td>21%</td>
<td>9%</td>
<td>2%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Fifty-two percent of respondents (n=76) believed that the proposed requirement for a master’s degree will hinder diversity and 33% (n=49) did not think it would impact diversity (Table 21). Four percent thought it would enhance diversity and 10% of respondents had no basis for comment.
Table 21. Impact of requiring future registered dietitians to complete a master’s degree on field diversity

<table>
<thead>
<tr>
<th>Requirement will greatly hinder diversity</th>
<th>Requirement will not impact diversity one way or another</th>
<th>Requirement will enhance diversity</th>
<th>Requirement will greatly enhance diversity</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resposne %</td>
<td>19%</td>
<td>33%</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

It is important to note that respondents answered this question prior to the August 2015 ACEND® release of the document, “Rationale for Future Education Preparation of Nutrition and Dietetic Practitioners”\(^2\textsuperscript{9}\), therefore responses regarding the master’s degree requirements and their impact on diversity are still pertinent and important to consider, but might differ today based on the 2015 rationale.

Questions regarding diversity showed greater significance when evaluating field focus as reflected in Figure 9, but the number of years in the profession did not seem to have as much impact, shown in Figure 10:

**Figure 9. Question Comparison:** In what area is the majority of your work focused? = Community vs. all other respondents answering: “Do you think the Dietetic Internship match process hinders program diversity?”

**Response Key:**
v increases= Dietetic Internship process greatly increases program diversity
increases = Dietetic Internship process increases program diversity
no impact= Dietetic Internship process does not impact program diversity one-way or the other
hinders= Dietetic Internship process somewhat hinders program diversity
v hinders= Dietetic Internship process greatly hinders program diversity (continued on page 45)
Figure 9. Community field vs. all other respondents in relation to DI match process hindering diversity. Blue bars indicate the % response for that group. Note how the “field_community” group is skewed further to the right (negative direction) than other fields.

Summary: Those who identified as primarily working in the community field (n=27) were more likely to believe that the Dietetic Internship match process somewhat (26%) or greatly (30%) hinders program diversity (p<0.001), while those in other fields (n=96) did not think the process impacts diversity one way or the other (Figure 9). Of those in the community field, no one selected that the match process greatly increases diversity, and only 4% thought the process increases diversity. Of those in fields other than community, 11% agreed that the process increases diversity, while about 19% believed the process somewhat hinders diversity.

Figure 10. Question Comparison: How many years have you been working in a position associated with a Dietetic Internship and/or Interns? = .5-2 years, 3-4 years, 5-9 years, 10-18 years, 18.6-45 years? Vs. Do you think the Dietetic Internship match process hinders program diversity?

Response Key:
v increases= Dietetic Internship process greatly increases program diversity
increases = Dietetic Internship process increases program diversity
no impact= Dietetic Internship process does not impact program diversity one-way or the other
hinders= Dietetic Internship process somewhat hinders program diversity
v hinders= Dietetic Internship process greatly hinders program diversity (continued on page 46)
Figure 10. Years in position associated with Dietetic Internships and/or Interns as related to response on DI match process hindering diversity. Blue bars indicate the % response for that group. Note how those “3-4” and 5-9” groups are skewed further to the right (negative direction) while groups “10-18 and 18.6-45” are also skewed to the right (negative direction), but much less significantly. While those in the “.5-2” group is skewed further to the left (positive direction).
Summary: While the response “dietetic internship process does not impact program diversity one way or the other,” was the most popular response in all groups, those who have been in the field of dietetics for 10 years or less are more polarized in their responses versus those in the field for 10 or more years, who were much more likely to respond that the DI process does not impact diversity one way or the other (77.1% for those in field 10 to 18.6 years and 81% for those in field more than 18.6 years). Of those in the 0.5 to 3 year group, about 30% responded that the DI process increases (26.1%) or greatly increases (4.3%) program diversity, while about 21% of respondents said that the DI process somewhat (4.3%) or greatly (17.4%) hinders program diversity. Those in the 3 to 5 year category were the most right leaning (negative direction) group with 11.8% saying the DI process increases program diversity while almost 53% said that the DI process somewhat (29.4%) or greatly (23.5%) hinders program diversity. Those in the field for 5 to 10 years had the highest response rate that the DI process somewhat hinders program diversity (37%), but a fairly low response rate that the DI process greatly hinders program diversity (3.7%).

Individual Comments related to Diversity and Cost (full comments found in Appendix L):

“Dietetic internships are very expensive. I had to pay $15,000 for 18 graduate credits for ‘courses’ that did not receive a letter grade, nor a pass/fail, and ‘courses’ that aren't transferable to any master's degree. ‘Courses’ were not even worked for towards a master's certificate, just for the supervised practice hours. My internship had no class sessions, exams, etc. I felt like that was a waste of money.”

“It seems to me that the cost of internship as well as the match process, as compared to the pay coming out of school severely limits the type of person who can come into the dietetics
profession. Basically, it is going to most likely be someone with a higher SES and has some kind of family (parents, spouse or extended family) who can support them through the process. I would be curious to know how many new RD's come from families where they are the first in their family to attend college. It just doesn't seem likely. Therefore, we skew our skills and perspectives to best understand the demographics of our community that match ours. Higher educated and higher SES.”

“My internship program receives applications from all over the US therefore I don't feel diversity is an issue in our program.”

“Our rates/costs are the same for all students/interns. I think going to the MS degree is one of the greatest things that impact diversity. We will see less diversity in the field by offering this. Any time you make it harder, increase the cost, etc. it will impact diversity”

Master’s Degree Related Findings

At the time of survey completion (August and September 2014) the topic of the 2024 requirement for interns to complete a master’s degree prior to sitting for the RD exam seemed to be an especially emotional component of the survey. Respondents provided their insight on multiple questions related to the impending requirement, whether requiring future RDs to complete a master’s degree would increase prestige of practitioners in the workplace; better prepare them for the workplace; result in higher salaries for practitioners; result in more qualified practitioners; or be beneficial to exam pass rates. While new plans are being developed, piloted, and implemented regarding the topic of advanced degree recommendations through the
implementation of the 2015 “Rationale for Future Education Preparation of Nutrition and Dietetic Practitioners” document, the responses to questions in this section of the survey still provide pertinent insight around the topic.

Response to the Likert scale questions listed below were very similar, with the largest percentage of respondents in each question category indicating that respondents did not feel the 2024 master’s degree requirement would impact prestige (Table 22), RD workplace preparation (Table 23), salaries (Table 24), practitioner quality (Table 25), or RD exam pass rates (Table 26) one way or another, with neutral response rates ranging from 44% to 60%. The next most common response to all of the outlined questions was also similar, with a large percentage of respondents (28 to 41%) selecting that the degree requirement would increase prestige, preparation, salaries, practitioner quality, and RD exam pass rates. Negative or very negatively skewed responses accounted for a much smaller portion of selected answers, 4% or less in each instance.

Table 22. Impact of requiring future Registered Dietitians to complete a Master’s degree on prestige in the workplace

<table>
<thead>
<tr>
<th>Requirement will greatly decrease prestige</th>
<th>Requirement will decrease prestige</th>
<th>Requirement will not impact prestige one way or another</th>
<th>Requirement will enhance prestige</th>
<th>Requirement will enhance prestige</th>
<th>No basis for comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response %</td>
<td>1%</td>
<td>1%</td>
<td>44%</td>
<td>38%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Table 23. Impact of requiring future Registered Dietitians to complete a Master’s degree on workplace preparation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>n = 149</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatly decrease workplace preparation</td>
<td>2%</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease workplace preparation</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Not impact workplace preparation</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Increase workplace preparation</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Greatly increase workplace preparation</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>No basis for comment</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Table 24. Impact of requiring future Registered Dietitians to complete a Master’s degree on salaries

<table>
<thead>
<tr>
<th>Requirement</th>
<th>n = 149</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatly decrease practitioner wage</td>
<td>0%</td>
<td>58%</td>
</tr>
<tr>
<td>Decrease practitioner wage</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Not impact one way or another</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>Enhance practitioner wage</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Greatly enhance practitioner wage</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>No basis for comment</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

Table 25. Impact of requiring future Registered Dietitians to complete a Master’s degree on practitioner quality

<table>
<thead>
<tr>
<th>Requirement</th>
<th>n = 149</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatly decrease practitioner quality</td>
<td>0%</td>
<td>44%</td>
</tr>
<tr>
<td>Decrease practitioner quality</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Not impact one way or another</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Enhance practitioner quality</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Greatly enhance practitioner quality</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>No basis for comment</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

Table 26. Impact of requiring future Registered Dietitians to complete a Master’s degree on exam pass rates

<table>
<thead>
<tr>
<th>Requirement</th>
<th>n = 149</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatly reduce pass rates</td>
<td>1%</td>
<td>60%</td>
</tr>
<tr>
<td>Reduce pass rates</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Not affect pass rates</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Increase pass rates</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Greatly increase pass rates</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>No basis for comment</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>
While responses to the Likert questions were neutral or mostly positive, individual comments in this section were especially committed in opinion.

**Individual Comments related to Diversity and Cost** (full comments found in Appendix L):

“A Masters degree does not guarantee better preparation for success in a DI nor in the profession. A Masters degree may impact career progression, but I do not believe it will make a better RD. The undergraduate programs provide the foundation for success in a DI and for success as a credible RD and I believe a stronger science, anatomy and physiology and biochemistry base is needed, as well as education in focusing on outcomes and financial impacts. The Masters degreeed RDs are no stronger than those without a Masters degree.”

“A master's degree is unnecessary. The rate of pay for the average RD will not cover the cost of a loan to get yet another degree. The push to over-educate is not helpful to the quality or preparedness of new graduates. Students need life experience, not more books and lectures.”

“I think the percentage of RD's that hold masters degrees already is high and likely most RD's start out learn the field and then go get a masters degrees - if we put it first I think it will hinder, especially a person that is first year college student in family to tell them they have to pursue masters degree before RD - will deter, especially since the rate of return (i.e. salaries - do not seem to increase with a masters). Ultimately I can say that our interns that come in with a masters before the internship do seem more prepared and do better at the intense pace of the internship -= but I don't think that they have a specifically higher pass rate on the RD exam (but of course I do not know that statistic). In a perfect world, my solution would be that they do the
“internship first, with a contingency they will start to pursue a masters within 5 years of getting the RD.”

“I am in agreement that a Masters degree is beneficial for our profession but not as an entry-level requirement. It will greatly increase the cost of education and put most of our students in more debt. Most of our students get the RD, get a good job and get their masters degree part time. Some jobs even help pay their tuition. These students pace their degree based on affordability. Now it can takes many years before a student can even get an entry level RD position. I am very against the Masters degree as an entry level requirement.”

“I certainly hope that a Master's degree will increase the quality, prestige and salary of dietitians in the work place. At my institution, dietitians with a graduate degree have a higher salary and have more opportunities for growth. I'm not sure if it will impact the pass rates of the RD exam, however.”

“I do think the MS degree can be required within the first professional portfolio/continuing ed cycle, i.e. 5 years after passing the registration examination.”

“I have Master's degree. I think it can be relevant to some areas of the field. However, for a clinical dietitian this may not be relevant and cause more fees for students who are struggling financially already.”
“I'm not opposed to requiring a Master's degree for entry level. However, I don't see a benefit if the Master's degree is in a field unrelated to nutrition (ex: art conservation)”

“Master degree requirements will decrease the number of practitioners and increase significantly the cost to students—it will have no effect on salary or professional standing”

As illustrated, results from this survey provide interesting insight into the current state of dietetic internships and opportunities for change.
Discussion

In analyzing survey data, the most statistically significant findings involved comparative question evaluation based on groups; comparing responses of those in differing roles, fields, dietetic internship program sizes to other respondents when answering questions regarding supervised practice hour requirements, preceptors, Individualized Supervised Practice Pathways (ISPPs), the accreditation process, diversity, and master’s degree requirements. These findings add to growing research on areas that impact dietetic internship accessibility, such as cost, geography, gender, ethnicity, ACEND® processes, DI program processes, preceptor recruitment and retention, alternative certification, varying levels of undergraduate preparation, and intern requirements. They also validate the need for additional research in areas such as the ACEND® hours increase from 900 to 1200 in 2008, preceptor training, retention, and recruitment, the impact and potential benefits/detriments of ISPPs, the ACEND® accreditation process, the match process, field requirements, and program policies/procedures that may be limiting the growth of field diversity, as well as the potential benefits and/or detriments of adding an advanced degree requirement for dietitians, prior to making substantial changes to the current internship structure.

Increase in accredited practice hours in 2008 from 900 to 1200

Responses regarding impacts on DI programs were more negative than responses regarding impact on interns likely because the increase in hours provides interns much more hands on and supervised practice experience, a positive in program directors’ and staff viewpoints. The increase in hours also adds to the workload, time commitment, program finances, preceptor training/recruitment, and overall preparation for the program, which may be viewed as more negative for programs. Backing up that logic is the fact that the majority (53%) of those responding to the question, “Do you think current dietetic internship competencies and
requirements, as determined by the ACEND®, are appropriately designed to best educate and prepare interns for employment in the dietetics field?”, believed the ACEND® competencies and requirements are “well designed” while another 8% believed them to be “very well designed” and only a small percentage of respondents found the competencies and requirements to be “poorly designed” (11%) or “very poorly designed” (1%).

Preceptors

Based on the survey findings, preceptors in the clinical field may be more motivated by incentives than those in other fields. The reason for this could be due to the number of interactions with interns weighed with additional work expectations/obligations. While RDs in a variety of fields may dedicate a portion of their work day to training interns, those in the clinical field (especially those in hospitals with relationships with larger intern populations) may spend a greater portion of their day working with and training interns, while also having to balance a variety of other time-sensitive priorities. Those in a hospital setting may also be more used to seeing physicians, nurses, and other medical professionals receive additional accolades and/or financial compensation based on their mentoring and training of students and interns. As such, RDs in a clinical setting may be more used to the idea of receiving something additional for their time as trainers.

In reviewing preceptor responses, it also seems that in addition to providing incentives to preceptors as a retention tool, it may also be beneficial to provide additional training/orientation prior to engaging with interns, as well as additional continued training and education from DI Program partners throughout the preceptor’s involvement. Preceptors responding to the question “Did you feel as if you received enough training/orientation from Dietetic Internship Programs prior to beginning your work with interns?” were likely to be either neutral in their response
(29%) or to respond that the “training provided is lacking” (34%). However, almost a quarter of respondents (24%) did find their training prior to beginning work with interns to be “thorough.”

Similarly, preceptor responses about whether they receive enough continuing education/training opportunities from DI programs showed 32% had “neutral thoughts on the topic” while 27% found their continuing training to be “lacking”, or “substantially lacking” (12%). Initial and continuing training is likely to vary substantially from program to program, however, given the repeated focus on recruiting and retaining preceptors as an avenue to be able to increase internship program capacity. Ensuring preceptors feel well trained and supported in their work with interns should be an important focus for both ACEND® and individual DI Programs.

An area to celebrate, while focusing on continually growing success, is in preceptors’ responses to the question, “Do you feel as if you are a valued part of the dietetic internship program team?” While a very small percentage of preceptors (2%) feel “substantially undervalued” or “undervalued” (10%), a much larger percentage feels “valued” (41%) or even “very valued” (15%).

**Individualized Supervised Practice Pathways**

In reviewing the number of responses regarding ISPPs, it seems as if there are a lot of questions and concerns around this alternative path to the RD credential. In relation to the findings regarding those in the field of academics versus those in other fields, those working in academics have a more negative opinion of ISPPs’ effect on traditional dietetic internships than those in other fields. These more negatively leaning thoughts from those in academics may be based on three components: 1) that those in ISPPs are not as academically prepared upon entering their training (lower GPAs, unable to match to standard internships); 2) that ISPPs may
provide less structure and rigor versus other internship experiences in the field (less preparation prior to entering workforce, lower RD exam pass rates); and 3) potentially the most influencing factor, that ISPP students lead to added stress/strain/competition for established preceptor sites for internship programs. All three factors that likely impact responses in the other analyzed areas of comparison as well.

For example, while many programs struggle to find enough preceptors, it seems as if small programs, with lower numbers of interns, struggle even more (theory supported by individual comments from respondents as well). This may result in added competition for traditional dietetic internship programs with ISPP interns at preceptor sites, potentially resulting in program directors finding additional preceptors who spend less time with interns. While more established and/or larger programs may have more established relationships with preceptors and preceptor sites, ensuring interns’ time at sites is more secure/standardized and results in less impact and/or interactions with the ISPP program, thus leading to more positive views of ISPP programs from larger DI programs.

When viewing this from the perspective of geography, smaller and/or rural internship programs may be more negatively affected by ISPP students capitalizing on established preceptors/sites who likely can only accept one intern at a time, making it more difficult for program directors to find placement sites for their interns when an ISPP student is in the area. However, it seems that larger DI programs are also negatively affected by ISPP students displacing traditional program interns during standard rotations, leading to larger programs having to recruit and train additional preceptors, leading to a negative viewpoint of ISPPs as well.

While the responses regarding ISPPs were varied, it certainly appears to be a topic that
needs additional research and better understanding of individual opinions on the variance in training as well as the larger impact of ISPP students in relation to traditional DI programs.

**ACEND® Accreditation Process**

When thinking through the per student cost effect on class size expansion, it seems logical to conclude that small programs more directly feel the cost of adding an intern versus those with a larger intern population. While the cost per intern through the ACEND® process may be relatively inexpensive, being able to support an additional intern would require an increase in support, supervision, and work hours. Conversely, larger programs likely have a variety of systems in place and a larger support staff to lean on when increasing intern class sizes, resulting in less direct cost increases when adding an intern to their program.

When thinking through the ACEND® accreditation process, it seems there is a lot of support and agreement with current program competencies and requirements in preparing students for work in their field, while there is less support for the overall accreditation process, as well as the necessary steps to grow and maintain accreditation (initial accreditation, reaccreditation, peer reviews, and the substantive change process). It is quite reasonable to speculate that a lack of experience or understanding of these processes led to a larger percentage of respondents who had no opinion, to be neutral in their responses, or to be more negative in their feelings about the processes. However, it is also important to acknowledge those respondents who had negative or very negative feelings about accreditation, reaccreditation, the substantive change process, and the peer review process, as their responses may very well point to programmatic deficits and areas needing process updates.
Diversity

The responses from those working in the community field, a group who were more likely to believe that the DI match process somewhat (about 25%) or greatly (about 29%) hinders program diversity, can be explained in that their field likely has a more diverse client population than other dietetics fields, making the relative homogeneity of RDs much more apparent. It may also be that those practicing in a clinical field may be more diverse themselves, and/or further attuned to difficulties faced by a more diverse client base that may hinder more diverse candidates from pursuing careers in fields such as dietetics.

Findings related to program diversity in relation to a respondent’s number of years in the field were a little more complicated. Those who have been in the field less than 3 years were more likely to view the DI match process as positively impacting program diversity, while those with 3 to 10 years in the field were more likely to view the DI match process as hindering or greatly hindering program diversity. Those in the field for longer periods of time were much more likely to think the process does not impact diversity. While a less diverse workforce may have been more of the status quo in years past, other fields have actively worked to increase diversity.

For those in dietetics for longer periods of time, diversity may not be as much of a subject for consideration and the longevity of the field having such high percentages of white, female workers may not seem as important of a consideration. However, those in the field for less time may be more attuned to discussions regarding the benefits of increased diversity in the workforce, as well as the concrete actions and implementations of field diversification in other workplaces and fields, and recognize the importance of a diverse workforce. At the moment, it is also very difficult to get a deeper sense of how diversity could impact the field given that such
a low percentage of respondents (as seen in response to this survey as well) identified as a person of color or as male.

**Master’s Degree Requirement**

Individual comments aside, it appears that the majority of respondents viewed the addition of a master’s degree prior to credentialing in the field to be positive in a variety of areas, including field and practitioner prestige, preparation, quality, salary, and exam pass rates. This thought process may stem from the fact that many other healthcare professionals with required advanced degrees do often receive more recognition and higher salaries, as well as the thought that additional education should lead to more qualified practitioners as well as higher credentialing exam pass rates.
Conclusion

Limitations of this research include the fact that the survey questions were largely opinion based vs. fact based. Some of the survey questions included overlapping categories of responses, making it difficult for respondents to choose a category. The survey did not include input from those associated with Coordinated Programs or from outside fields/organizations. Additionally, the survey was completed by respondents in August/September 2014, therefore responses may not be reflective of current thoughts and opinions. Lastly, reflective of the relatively homogenous RD population, input from diverse populations was limited; therefore it was not possible to analyze respondent’s input based on gender or ethnicity.

In analyzing input from a variety of respondents associated with DIs on potential barriers to access, it is clear there is still much research to be done prior to making substantial changes in the current internship structure. A variety of areas impact DI accessibility, including finances (both student and program), geography, gender, ethnicity, the ACEND® processes, the DI Program processes, preceptor recruitment and retention, conflicting feelings and outcomes around alternative certification programs, varied undergraduate preparation, and intern requirements.

The overarching goal of ACEND®, DI programs, and alternative certification pathways should be in finding solutions that will: 1) reduce the bottleneck of qualified dietetics students who are unable to begin an internship upon graduating; and 2) create structures that will grow the accrediting ability of the field in order to allow for program development and expansion to keep pace with the growing demand of credentialed employees in the field. This research study has shown a variety of thoughts, ideas, and opinions related to accessibility of DIs.

On impacts for both DI programs as well as interns stemming from the increase in
supervised practice hours from 900 to 1200 in 2008, the majority of responses were neutral (no difference seen). However, responses from the perspective of intern impact were more positively skewed than those responding from the perspective of DI programs, which were more negatively skewed. This could be based on the fact that the increase in hours allows interns additional hands on experience, while creating additional workload for DI programs.

On the topic of preceptors, a large percentage of program director responses reflected difficulty related to preceptor recruitment (72% selected that recruitment was difficult or very difficult), retention, and training (56% selected that preceptor training/orientation was difficult or very difficult compared to other program director tasks). However, only 49% of program directors selected that additional training on preceptor recruitment/retention would be beneficial or very beneficial, and the majority agreed that offering incentives to preceptors would positively (46%) or very positively (14%) impact preceptor retention.

Preceptors on the other hand, had a more neutral response about whether incentives would increase their likelihood of remaining a preceptor (56% said an incentive would in no way impact their decision). Responses become more streamlined when evaluated by work focus, with those in the clinical field being more likely than those in all other fields to find an incentive as positively influencing their decision to remain a preceptor. Eighty-five percent of all non-clinical respondents selected that an incentive would in no way impact their decision vs. 69% of those in the clinical field, who selected that an incentive would increase or greatly increase their likelihood of remaining a preceptor. This variance may be explained by the number of interactions clinical practitioners have with interns, as well the fact that other professionals in clinical settings (physicians and nurses) may receive additional pay, incentives, and recognition when working with students.
Preceptors were neutral (about 30%) when answering whether they felt they received enough training/orientation from Dietetic Internship Programs prior to beginning their work with inters, or negatively skewed (about 30% of respondents found training to be lacking or worse). Preceptors felt valued as a part of the dietetic internship program team, with 56% feeling valued or very valued as part of the team.

On the topic of ISPPs there appeared to be a lot of questions and concerns about this alternative path to credentialing. Those in the field of academics versus those in other fields had more negative responses about ISPPs, but there were a lot of overarching concerns about ISPPs, potentially based on the idea that ISPPs would negatively impact DI programs’ ability to pair interns with local preceptors. Additionally, it appears that smaller and more rural programs feel more negatively about ISPPs, potentially based on additional strain on local preceptors as well.

On the topic of the ACEND® accreditation process the majority of respondents found the DI competencies and requirements to be well designed, however, responses regarding the substantive change and reaccreditation process were more negatively skewed (processes viewed as too complicated). The majority of respondents found the ACEND® peer review process to be mostly unbiased, but 18% of respondents selected that the peer review process is somewhat or biased or very biased. Additionally, the majority of respondents found that the cost associated with DI class size (per student) does not impact expansion, although 38% found that cost somewhat or greatly prohibited expansion. When evaluating cost per student, it appears that programs with smaller numbers of interns feel more impacted by individual student costs hindering their ability to grow class sizes.

On the topic of diversity, the majority of respondents (51%) did not find the dietetic internship match process to hinder diversity, while the majority of respondents (41%) did find
that costs incurred by dietetic interns (tuition, books, etc.) are prohibitive and hinder program diversity. The majority (49%) of respondents did not think adding a master’s degree requirement will impact diversity.

When evaluated by field, those working in community nutrition were much more likely than those in all other fields to respond that the DI match process hinders program diversity. Additionally, when evaluating responses regarding diversity based on time in the field, those who have been in the field of dietetics for 10 years or less are more polarized in their responses versus those in the field more than 10 years who were much more likely to respond that the DI match process does not impact diversity one way or the other. Of those in the 0.5 to 3 year group, about 30% responded that the DI process increases (26.1%) or greatly increases (4.3%) program diversity, while about 21% of respondents said that the DI process somewhat or greatly hinders program diversity. Those in the 3 to 5 year category were the most negatively skewed, with only 11.8% saying the DI match process increases program diversity while almost 53% said that the DI process somewhat or greatly hinders program diversity. Those in the field for 5 to 10 years had the highest response rate (37%) that the DI match process somewhat or greatly hinders program diversity.

Related to implementing a master’s degree requirement, it is important to note that respondents answered these questions prior to the August 2015 ACEND®’s release of the document, “Rationale for Future Education Preparation of Nutrition and Dietetic Practitioners”29, therefore responses regarding a master’s degree requirement may differ today based on the new 2015 rationale. However, the majority of respondents viewed the addition of a master’s degree prior to credentialing in the field to be positive in a variety of areas, including field and practitioner prestige, preparation, quality, salary, and exam pass rates. This thought process may
stem from the fact that many other healthcare workers with required advanced degrees do often receive more accolades and higher salaries, as well as the thought that additional education should lead to more qualified practitioners as well as higher exam pass rates.

There are a variety of areas needing additional examination to better understand barriers impacting DI accessibility, including, but not limited to: the 2008 hours increase from 900 to 1200 hours, preceptor training, retention, and recruitment, impact of ISPPs, accreditation and match processes, field requirements, procedures affecting field diversity, and the impact of adding an advanced degree requirement.

While practitioners in the dietetics field may have a variety of thoughts, ideas, opinions, and aspirations for the future of the field, it will be important to ensure that a variety of voices continue to be heard as changes are considered. It will be important for varied input to be considered prior to making substantive program changes, similar to the public comment process that ACEND® has in place for the proposed 2017 Accreditation Standards, as well as the updated actions surrounding continuing education and master’s degree requirements, based on feedback from practitioners. The Academy, ACEND®, preceptors, educators, students, and practitioners should have a voice in establishing new norms in the field of dietetics that will help alleviate issues regarding dietetic internship preparation and access that will address field shortages, and will work towards increasing practitioner availability, prestige, and diversity.
References


12. Wilson, A. Creating our competition: Why the dietetics internship shortage is as important to your future as it is to the practitioners of tomorrow. *ADA Times*. 2010;7 (Issue 2):13.


19. Accreditation Council for Education in Nutrition and Dietetics. FAQs about accreditation of dietetics education programs. Published April 2015.

http://www.eatrightacend.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442485411&li

http://www.eatrightacend.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442485365&li

http://www.eatrightacend.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442486380&li


APPENDICES
Appendix A: Self-Study Report (SSR) Template ACEND 2012 Accreditation Standards

Version 1.02

View in Full:

### Appendix B: Accreditation Fee Schedule Effective July 2014

#### Accreditation Fee Schedule Effective July 2014

<table>
<thead>
<tr>
<th>ANNUAL FEE</th>
<th>ANNUAL FEE SCHEDULE PER CALENDAR YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>January 1, 2014</td>
</tr>
<tr>
<td></td>
<td>$1650</td>
</tr>
<tr>
<td></td>
<td>January 1, 2015</td>
</tr>
<tr>
<td></td>
<td>$1750</td>
</tr>
<tr>
<td></td>
<td>January 1, 2016</td>
</tr>
<tr>
<td></td>
<td>$1850</td>
</tr>
<tr>
<td></td>
<td>January 1, 2017</td>
</tr>
<tr>
<td></td>
<td>$1900</td>
</tr>
<tr>
<td></td>
<td>January 1, 2018</td>
</tr>
<tr>
<td></td>
<td>$1975</td>
</tr>
<tr>
<td></td>
<td>January 1, 2019</td>
</tr>
<tr>
<td></td>
<td>$2025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SELF-STUDY/SITE VISIT ACCREDITATION FEE</th>
<th>SELF-STUDY/SITE VISIT FEE SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Domestic</td>
</tr>
<tr>
<td></td>
<td>International</td>
</tr>
<tr>
<td>One program at one site</td>
<td>June 2013-May 2015</td>
</tr>
<tr>
<td></td>
<td>$5,940/2 reviewers</td>
</tr>
<tr>
<td></td>
<td>June 2015-May 2015</td>
</tr>
<tr>
<td></td>
<td>$6,300/2 reviewers</td>
</tr>
<tr>
<td>Consortium, one program at multiple sites</td>
<td>June 2013-May 2015</td>
</tr>
<tr>
<td></td>
<td>$7,270-9,600 3-4 reviewers</td>
</tr>
<tr>
<td></td>
<td>June 2015-May 2015</td>
</tr>
<tr>
<td></td>
<td>$7,710-9,100 3-4 reviewers</td>
</tr>
<tr>
<td></td>
<td>June 2015-May 2015</td>
</tr>
<tr>
<td></td>
<td>$8,380 3-4 reviewers</td>
</tr>
<tr>
<td></td>
<td>June 2015-May 2015</td>
</tr>
<tr>
<td></td>
<td>$11,884/4 reviewers</td>
</tr>
<tr>
<td></td>
<td>June 2015-May 2015</td>
</tr>
<tr>
<td></td>
<td>$12,600/4 reviewers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANDIDACY FOR ACCREDITATION FEE</th>
<th>CANDIDACY FEE SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Domestic</td>
</tr>
<tr>
<td></td>
<td>International</td>
</tr>
<tr>
<td>Eligibility Fee for Pre-Candidacy</td>
<td>Jun 2013-May 2015</td>
</tr>
<tr>
<td></td>
<td>$2,500</td>
</tr>
<tr>
<td></td>
<td>Jun 2015-May 2018</td>
</tr>
<tr>
<td></td>
<td>$3,500</td>
</tr>
<tr>
<td>Self-Study/Site-Visit Fee for Candidacy</td>
<td>Jun 2013-May 2015</td>
</tr>
<tr>
<td></td>
<td>$8,840/2 reviewers</td>
</tr>
<tr>
<td></td>
<td>Jun 2015-May 2018</td>
</tr>
<tr>
<td></td>
<td>$9,380/2 reviewers</td>
</tr>
<tr>
<td></td>
<td>Jun 2015-May 2018</td>
</tr>
<tr>
<td></td>
<td>$18,000/4 reviewers</td>
</tr>
</tbody>
</table>

NOTE: a 2.5% charge will be added for payment by credit card.
### SPECIAL FEES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Canceling/rescheduling a site visit</td>
<td>$1,000 + costs incurred</td>
<td>$1,000 + costs incurred</td>
</tr>
<tr>
<td>Focused Site Visit</td>
<td>$2,780 admin fee + $1,330/reviewer (International: $3,350/reviewer)</td>
<td>$3,000 admin fee + $1,455/reviewer (International: $3,660/reviewer)</td>
</tr>
<tr>
<td>Appeal of Accreditation Decision</td>
<td>$1500 + appeal panel expenses</td>
<td>$1600 + appeal panel expenses</td>
</tr>
<tr>
<td>Substantive Change</td>
<td>No Charge</td>
<td>$250</td>
</tr>
<tr>
<td>Late Submission of materials/Reports</td>
<td>No Charge</td>
<td>$150</td>
</tr>
</tbody>
</table>

### ADVANCED DEGREE WEB LISTING

ACEND does not accredit graduate-level programs in nutrition or dietetics unless they meet accreditation requirements for entry-level preparation. However, advanced-degree listings are often requested by individuals searching for graduate programs for professional development and career advancement. ACEND can, at its discretion, list graduate programs in nutrition and dietetics-related areas beyond entry-level on the Academy's Web site for an annual fee.

**ANNUAL FEE**

<table>
<thead>
<tr>
<th>Event</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Degree Web Listing</td>
<td>$275</td>
</tr>
</tbody>
</table>

**NOTE:** a 2.5% charge will be added for payment by credit card

### ADVANCED PRACTICE RESIDENCY PROGRAM REVIEW

The fee covers overall costs associated with ACEND review of program materials.

**FEE**

<table>
<thead>
<tr>
<th>Event</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Practice Residency Program Review</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

**NOTE:** a 2.5% charge will be added for payment by credit card

The ACEND board may change fees to maintain fiscal responsibility.

*July 11, 2014*
Appendix C: ACEND® Accreditation Standards for Internship Programs in Nutrition and Dietetics Leading to RD Credential Version 1.05

View in Full:

http://www.eatrightacend.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442485379&li
bID=6442485357
Appendix D: Field expert email consent to name release in connection to survey development

Email approval from Ms. Jean Anderson- Dietetic Internship Program Director at Iowa State University, Ms. Debra Boutin, Dietetic Internship Program Director at Bastyr University, and Ms. Shelly Gabel, Dietetic Internship Program Director at University of Wisconsin:

---

The questions about supervised practice hours are not quite based on correct info—all programs are required to meet minimum 1200 SPH and meet all competencies and must have definable concentration areas but we’re not told HOW to divide the hours although most programs seem to be happy on MNT hours. Suggest you think about how some of these SPH questions are worded…. Call me if you want to chat about that in real voice…. I would have time AFTER Tuesday this week (new class starts Monday 6/21)
RE: include my name—YES! Please do so....

- Jean

Jean A. Anderson, MS, RDN, LD
Dietetic Internship Director/Sr. Clinician
Iowa State University
Department of Food Science and Human Nutrition
224 MacKay Hall
Ames, IA 50011-1123
O: 515.294.7318
F: 515.294.5123
jean@iastate.edu

"If we wait for the moment when everything, absolutely everything is ready, we shall never begin." Jean Jaurès

Debra Boutin <deboutin@bastyr.edu>
to me 6/2/14

Samantha,

Thank you for the opportunity to review your draft of your survey. There are some questions that are written in a way that does not provide enough specificity for me to feel that I could answer them accurately, so I attempted to highlight those with some comments added. Let me know if my comments are not clear.

I am comfortable with your using my name and title.

Please accept my congratulations on getting to this phase of your research. As you will see from the attachment, I added more comments for adding clarity rather than I did for "bravo—good job!” messaging, so I apologize for that! In the interest of time, I wanted to be sure to give you feedback on items that may not get to the core of the information you are seeking if they are not revised. There are many sections that are great, so don’t let all the highlights get in the way of seeing that!

Good luck with your next steps. I am happy to provide more clarity as needed if anything I said was not very well-stated!

Debra A. Boutin, MS, RDN, CD
Department Chair and Dietetic Internship Director
Department of Nutrition and Exercise Science
Bastyr University
425-502-3124

Dietetic Internship Survey <Thesis>

Samantha Moelter <smoelter@emich.edu>
to deboutin 5/31/14

Good Morning Ms. Boutin,

Thank you so much for your time on the phone a few months ago, it was integral in my question development!

I have recently completed the draft version of survey questions for my Thesis research. Prior to creating and distributing the survey, I wanted to pass the questions along to you to see if you had any input/feed back;

Additionally, in the methodology portion of my thesis I outline that consultation with "field experts" aided in survey development. Would you be comfortable having your name and title included in this section of my thesis, or would you prefer to remain anonymous? If you were open to having your name included I would make a statement that you provided general feedback on your experience with ACEND accreditation and processes, Internship matching, ISSP as an alternative education option, preceptor recruitment, retention, and training, and other trends in the field, which aided in my development of survey questions.

I look forward to hearing your feedback, and thanks again for all of your assistance!

Samantha Moelter
309.932.4650

Debra Boutin
dbouitn@bastyr.edu
Good Morning Ms. Gabel,

Thank you so much for your time on the phone a few months ago. It was integral in my question development!

I have recently completed the draft version of survey questions for my Thesis research. Prior to creating and distributing the survey, I wanted to pass the questions along to you to see if you had any input/feedback?

Additionally, in the methodology portion of my thesis I outline that consultation with "field experts" aided in survey development. Would you be comfortable having your name and title included in this section of my thesis, or would you prefer to remain anonymous? If you were open to having your name included I would make a statement that you provided general feedback on your experience with ACEND accreditation and processes, internship matching, ISSP as an alternative education option, preceptor recruitment, retention, and training, and other trends in the field, which aided in my development of survey questions.

I look forward to hearing your feedback, and thanks again for all of your assistance!

Samantha Moeter
307-907-4009

---

H Samantha, overall I think you were very thorough. I have included some feedback attached. You can include me as a field expert if that helps you. Shelly

Shelly Gabel, MS, RD, CD
Dietetic Internship Director
Human Biology Program
Laboratory Sciences, Room 457
2420 Niccolot Dr.
Green Bay, WI 54311-7001
920-465-7261
920-252-2121 (cell)
920-465-2709 (fax)
gabels@uwgb.edu
http://www.uwgb.edu/human-biology/dietetics/
Appendix E: Approval from EMU Human Subjects Review Committee

CHHS-HSRC Initial Application Determination: EXPEDITED

July 24, 2014
APPROVAL

To: Samantha Moelter
School of Health Sciences: Dietetics

Re: UHSRC # 1166
Category: Approved Expedited Research Project
Approval Date: July 24, 2014
Expiration Date: July 25, 2015

Title: What are the Barriers Affecting Accessibility to Dietetic Internships?

The Eastern Michigan University's College of Health and Human Services' Human Subjects Review Committee (CHHS-HSRC) has completed its review of your project. I am pleased to advise you that your proposal has been approved in accordance with federal regulations.

Renewals: Expedited protocols need to be renewed annually. If the project is continuing, please submit the Human Subjects Continuation Form prior to the approval expiration. If the project is completed, please submit the Human Subjects Study Completion Form (both forms are found on the UHSRC website).

Revisions: Expedited protocols do require revisions. If changes are made to a protocol, please submit a Human Subjects Minor Modification Form or new Human Subjects Approval Request Form (if major changes) for review (see UHSRC website for forms).

Note that all requests for modification and continuation require a fullboard review. Forms need to be submitted at least one month in advance of the approval expiration to allow time for review.

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to human subjects and change the category of review, notify the HSRC office within 24 hours. Any complaints from participants regarding the risks and benefits of the project must be reported to the HSRC.

Follow-up: If your expedited research project is not completed and closed after three years, the HSRC office will require a new Human Subjects Approval Request Form prior to approving a continuation beyond three years.

Please use the HSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the HSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-1250 or via e-mail at chiu_human_subjects@emich.edu. Thank you for your cooperation.

Sincerely,

[Signature]

Dr. Jaye Yatco, Chair
College of Health and Human Services
Human Subjects Review Committee

303 Marshall Building, Ypsilanti, MI 48197 • 734-487-3077 • Fax: 734-487-8286
Appendix F: IRB Approval Letter

July 24, 2014

EXPEDITED APPROVAL

To: Samantha Moelter
   School of Health Science: Dietetics

Re: UHSRC # 1166
   Category: Approved Expedited Research Project
   Approval Date: July 24, 2014
   Expiration Date: July 25, 2015

Title: What are the Barriers Affecting Accessibility to Dietetic Internships?

The Eastern Michigan University’ College of Health and Human Services’ Human Subjects Review Committee (CHHS-HSRC) has completed their review of your project. I am pleased to advise you that your proposal has been approved in accordance with federal regulations.

Renewals: Expedited protocols need to be renewed annually. If the project is continuing, please submit the Human Subjects Continuation Form prior to the approval expiration. If the project is completed, please submit the Human Subjects Study Completion Form (both forms are found on the UHSRC website).

Revisions: Expedited protocols do require revisions. If changes are made to a protocol, please submit a Human Subjects Minor Modification Form or new Human Subjects Approval Request Form (if major changes) for review (see HSRC website for forms).

Note that all requests for modification and continuation require a full board review. Forms need to be submitted at least one month in advance of the approval expiration to allow time for review.

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to human subjects and change the category of review, notify the HSRC office within 24 hours. Any complaints from participants regarding the risk and benefits of the project must be reported to the HSRC.

Follow-up: If your expedited research project is not completed and closed after three years, the HSRC office will require a new Human Subjects Approval Request Form prior to approving a continuation beyond three years.

Please use the HSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the HSRC office.
Good luck in your research. If we can be of further assistance, please contact us at 734-487-1250 or via e-mail at chhs_human_subjects@emich.edu. Thank you for your cooperation.

Sincerely,

Dr. Jayne Yateczak, Chair
College of Health and Human Services
Human Subjects Review Committee
Appendix G: Approval to contact ACEND® Board Members & Peer Reviewers

Contact Request

Samantha Moelter <smoelter@emich.edu>
3/24/14

Good Afternoon,

I am a student at Eastern Michigan University working on my MS in Human Nutrition. For my thesis, I am researching potential barriers affecting dietetic internship accessibility, and am writing to ask for your permission in contacting both ACEND Board Members and ACEND Peer Program Reviewers electronically for their professional input.

As you are most likely aware, the current match rate for Dietetic Internships remains quite low, around 50%; partly due to limited internship site availability. In 2012, over 5,380 applicants were in competition for 2,926 internship slots, resulting in a 51% match rate for the year (1). As a means of comparison, 95% of medical school seniors matched to a medical residency/internship program in 2012 (2).

To gain insight on this topic, I am interested in receiving feedback via electronic survey from ACEND Board Members and Reviewers, as I believe their specialized knowledge and insight will provide a unique perspective on the subject.

Thank you for your time and consideration.

Samantha Moelter
303-902-4069

ACEND <ACEND@eatright.org>
4/8/14

Hi Samantha,
I have sent your request to the ACEND chairs. They would like to know if the study has received IRB approval. Please let me know.

Thanks!

Mary Ann

Mary Ann Tacconia, MBA, RDN, LDN
Director, Education Program Accreditation
Accreditation Council for Education in Nutrition and Dietetics (ACEND)
Academy of Nutrition and Dietetics
120 S. Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995
312-896-4777
mtacconia@eatright.org
Visit our website: www.eatright.org/acend

Samantha Moelter <smoelter@emich.edu>
4/8/14

Good Morning Mary Ann, thank you for the follow-up! The study has not yet received IRB approval, however, I will be requesting through Eastern Michigan University’s Institutional Review Board in the next few weeks, once I have the full survey complete/ready for review.

Thanks!
Samantha Moelter
303-902-4069
Good Afternoon Mary Ann,

I have just recently received my IRB approval (see attached document). With this, I wanted to follow up on my original request to reach out to ACEND Board and Staff Members by email when my survey is published (see below for original email content). In addition to ACEND Board and Staff, I am also interested in reaching out to current Dietetic Internship Program Preceptors and Dietetic Internship Program Directors. I was able to pull Program Director contact information off the ANDE site, however, Preceptor information is not listed. I was wondering if there might be a way to get email contact information for Preceptors as well?

Thank you so much for your time, assistance, and feedback to help move my research work forward!

Samantha Moelter
303-902-4069

Good Afternoon,

I am a student at Eastern Michigan University working on my MS in Human Nutrition. For my thesis, I am researching potential barriers affecting dietetic internship accessibility, and am writing to ask for your permission in contacting both ACEND Board Members and ACEND Peer Program Reviewers electronically for their professional input.

As you are most likely aware, the current match rate for Dietetic Internships remains quite low, around 50%, partly due to limited internship site availability. In 2012, over 5,380 applicants were in competition for 2,926 internship slots, resulting in a 51% match rate for the year (1). As a means of comparison, 95% of medical school seniors matched to a medical residency/internship program in 2012(2).

To gain insight on this topic I am interested in receiving feedback via electronic survey from ACEND Board Members and Reviewers, as I believe their specialized knowledge and insight will provide a unique perspective on the subject.

Hi Samantha,

The ACEND Executive Committee reviewed your request and are agreeable to providing the survey to ACEND board members. However, we would prefer to email the survey to the board members ourselves. Please send the message and survey link and I will forward it to the board members. Would you also like it sent to Program reviewers and ACEND managers?

Regarding preceptor information, ACEND does not have access to preceptor names and contact information. I suggest that you send a message to the program directors asking them to forward the survey to their preceptors.

Mary Ann Tacconia, MBA, RDN, LDN
Associate Executive Director, Education and Accreditation
Accreditation Council for Education in Nutrition and Dietetics (ACEND)
Academy of Nutrition and Dietetics
123 S. Riverside Plaza, Suite 2000
Chicago, Illinois 60606-5999
312-899-6727
mtacconia@eatright.org

Visit our website: www.eatright.org/acend
Mary Ann,

This is great news, thank you! Sending the survey link along to Program reviewers and ACEND managers would also be great, thank you.

I will communicate with Program Directors about passing the survey along to Preceptors as well.

I am hoping to have the survey link set for distribution early next week, and will send it to you as soon as it is ready.

Thank you,

Samantha Moelter

Mary Ann, below is the information email with a link to my graduate survey. Thank you so much for forwarding this along to board members, program reviewers, and ACEND managers!

Samantha Moelter
Appendix H: Dietetic Internship Program Director Information

View in Full: http://www.eatrightacend.org/ACEND/content.aspx?id=6442485424
Greetings,

I am a student at Eastern Michigan University working on my MS in Human Nutrition. For my thesis, I am researching potential barriers affecting dietetic internship accessibility, and am writing to ask for your professional input on this topic.

As many of you are already aware, the current match rate for Dietetic Internships remains quite low, around 50%, partly due to limited internship site availability. In 2012, over 5,380 applicants were in competition for 2,926 internship slots, resulting in a 51% match rate for the year.¹ As a means of comparison, 95% of medical school seniors matched to a medical residency/internship program in 2012.²

This information becomes even more alarming when considering that both ACEND and the Academy recognize that growth in the field far outpaces credentialing capabilities. By the year 2020, an estimated 25% of dietetic positions will likely go unfilled due to a lack of Registered Dietitians and Registered Dietetic Technicians.³ This represents a shortfall of about 18,000 full-time employees.

The link provided below will direct you to a survey soliciting your feedback on perceived barriers affecting growth of dietetic internship opportunities. Your specialized knowledge and
insight pertaining to dietetic internships is vital in the conversation about how the dietetics field can expand the number of credentialed professionals in order to meet a growing demand.

-Your input in this survey will remain completely confidential and anonymous
-The survey will take an estimated 20 minutes to complete
-Participation is completely voluntary and you may discontinue the survey at any time without any negative consequence
-There is no cost or risks associated with completing this survey

To access the survey now, visit: https://sam221.wufoo.com/forms/accessibility-of-dietetic-internships/

This survey will be available for completion through Thursday, September 18th. If you have any questions or would like additional information please feel free to contact me or the thesis committee chair, John Carbone, PhD, RD at the contact information listed below. Thank you for your time and input, they are both genuinely appreciated.

Samantha Moelter
303-902-4069
smoelter@emich.edu

John Carbone, PhD, RD
734-487-3303


Appendix J: Reminder email for survey solicitation

Hello,

On August 18th, 2014 you received a request to respond to a survey relating to potential barriers affecting dietetic internship accessibility. If you have already completed the survey, thank you so much for your input, and please disregard this email. If you have not yet had the opportunity to complete the survey please know, your insight on this topic is invaluable, and a few minutes of your time will provide instrumental feedback.

A link to the survey is included below. Your specialized knowledge pertaining to dietetic internships is vital in the conversation about how the dietetics field can expand the number of credentialed professionals in order to meet a growing demand.

- Your input in this survey will remain completely confidential and anonymous
- The survey will take an estimated 20 minutes to complete
- Participation is completely voluntary and you may discontinue the survey at any time without any negative consequence
- There is no cost or risks associated with completing this survey

To access the survey now, visit:

https://sam221.wufoo.com/forms/accessibility-of-dietetic-internships/
The survey will be open for response through Thursday, September 18th. If you have any questions or would like additional information please feel free to contact me, or the thesis committee chair, John Carbone, PhD, RD at the contact information listed below.

Thank you for your time and input, they are both genuinely appreciated.

Samantha Moelter

303-902-4069

smoelter@emich.edu

John Carbone, PhD, RD

734-487-3303

jcarbon2@emich.edu
Appendix K: Survey questionnaire

Accessibility of Dietetic Internships

Project Title: What are the barriers affecting accessibility to dietetic internships?

Investigator: Samantha Moelter, Eastern Michigan University

Faculty Advisor:
John Carbone, PhD, RD
Associate Professor
Dietetics & Human Nutrition
School of Health Sciences
Eastern Michigan University

Purpose of Study: To gain insight from professionals associated with dietetic internships regarding internship barriers, while gathering feedback on potential solutions to reducing those barriers.

Procedure: Utilize link provided in solicitation email to complete the online survey. The survey will take approximately 20 minutes to complete, and will cover some simple demographic information intended to provide insight into participants' association to the field of dietetics. ACEND Board Members and staff will answer 37 questions, Dietetic Internship Preceptors will answer 43 questions, and Dietetic Internship Program Directors and Staff will answer 45 questions. Upon completion the final screen in the survey will thank you for your participation and provide details on exiting the survey.
Confidentiality: All survey responses collected will be anonymous. There will be no identifying demographic questions and you will not need to input any personal or identifying data to complete the survey. At no time will your name be associated with your responses to the survey questions. All survey material will be maintained online in a password-protected database.

Expected Risks: There are no foreseeable risks to you by completing this survey, as all results will be kept completely confidential.

Expected Benefits: Participation allows the opportunity to provide feedback on current dietetic internship barriers, as well as provide feedback on potential solutions to the problem, in a confidential manner. Participants will not receive any form of compensation or direct benefit for participation.

Voluntary Participation: Participation in this study is voluntary. You may choose not to participate. If you do decide to participate, you may change your mind at any time and withdraw from the study without negative consequences.

Use of Research Results: Results will be presented in aggregate form only. No names or individually identifying data will be collected or revealed. Results will be presented in a Master’s thesis, as well as a peer-reviewed, content-relevant journal publication, dependent on study findings.
Future Questions: If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, Samantha Moelter, at 303-902-4069, or via email, smoelter@emich.edu. This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subject Review Committee for us from July 24th, 2014 to July 25th, 2015. If you have questions about the approval process, please contact the Dr. Jayne Yatczak, Chair of the College of Health and Human Services Subjects Review Committee, 734-487-0461, jyatczak@emich.edu.

Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.
☐ Check here to verify your participation consent

• Are you a Registered Dietitian? *

• How many years have you been a Registered Dietitian? *

• How did you complete your supervised practice hours? *
  - Dietetic Internship
  - Coordinated Program
  - Individualized Supervised Practice Pathway (ISSP)
  - Other

• In what area is the majority of your work focused? Check all that apply: *
<table>
<thead>
<tr>
<th>Clinical</th>
<th>Community</th>
<th>Academic</th>
<th>Administrative</th>
<th>Sports/Performance</th>
<th>Research</th>
<th>Wellness</th>
<th>Long-term Care</th>
<th>Management</th>
<th>Public Health</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Management</td>
<td>Eating Disorders</td>
<td>Rural Health</td>
<td>Community Engagement</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Do you work in a position associated with Dietetic Internships and or Interns?** *
  
  - How many years have you been working in a position associated with a Dietetic Internship and/or Interns? *

- **What is your role in the dietetics/nutrition field as it pertains to Dietetic Internships?** *
  
  - ACEND Board Member
  - ACEND Review Member
  - Dietetic Internship Program Director
  - Dietetic Internship Program Faculty/Staff
  - Dietetic Internship Preceptor

- **Other**
• How many Interns does your program currently support?

• How many interns this year were matched to your program?

• How many interns this year were ISSP interns?

• How many interns this year were accepted to your program after the matching process?

• Does your program have distance-based interns?
• How many interns in your program utilize preceptors in your region?

• How many interns work with preceptors independent from your region?

• How many interns do you have in an average year?

• How much total time (in hours) do each of those interns spend with you?
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>How do you think the increase in supervised practice hours, from 900 to 1200 hours in 2008 impacted Dietetic Internship Programs? (ie. Impact on number of interns program is able to accept, effect on preceptors,</th>
<th>No basis for comment</th>
<th>Very poorly affected</th>
<th>Poorly affected</th>
<th>No difference</th>
<th>Positively affected</th>
<th>Very positively affected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluate the following statement. *

<table>
<thead>
<tr>
<th></th>
<th>No basis for comment</th>
<th>Very poorly affected</th>
<th>Poorly affected</th>
<th>No difference</th>
<th>Positively affected</th>
<th>Very positively affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>program director/staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>workload)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate the following statement. *

<table>
<thead>
<tr>
<th></th>
<th>No basis for comment</th>
<th>Very poorly affected</th>
<th>Poorly affected</th>
<th>No difference</th>
<th>Positively affected</th>
<th>Very positively affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you think the increase in supervised practice hours, from 900 hours to 1200 hours in 2008 has impacted Dietetic Interns? (ie.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>Quality of internship experience, pass rate on RD exam, ability of interns to find a job in the field</th>
<th>No basis for comment</th>
<th>Very poorly affected</th>
<th>Poorly affected</th>
<th>No difference</th>
<th>Positively affected</th>
<th>Very positively affected</th>
</tr>
</thead>
</table>

Evaluate the following statement. *

<table>
<thead>
<tr>
<th>Do you think current Dietetic Internship competencies and requirements, as</th>
<th>No basis for comment</th>
<th>Very poorly designed</th>
<th>Poorly designed</th>
<th>Neutral</th>
<th>Well designed</th>
<th>Very well designed</th>
</tr>
</thead>
</table>

•

•
Evaluate the following statement. *

<table>
<thead>
<tr>
<th></th>
<th>No basis for comment</th>
<th>Very poorly designed</th>
<th>Poorly designed</th>
<th>Neutral designed</th>
<th>Well designed</th>
<th>Very well designed</th>
</tr>
</thead>
<tbody>
<tr>
<td>determined by the ACEND, are appropriately designed to best educate and prepare interns for employment in the dietetics field?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate the following statement. *

<table>
<thead>
<tr>
<th></th>
<th>No basis for comment</th>
<th>Clinical hours are too much of a focus</th>
<th>Clinical hours are not enough of a focus</th>
<th>Neutral thoughts on topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Evaluate the following statement. *

<table>
<thead>
<tr>
<th>Based upon the program(s) with which you work, do you think the amount of time often dedicated to clinical supervised hours is appropriate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical hours are too much of a focus</td>
</tr>
<tr>
<td>O</td>
</tr>
</tbody>
</table>

Evaluate the following statement. *

<table>
<thead>
<tr>
<th>Do you think</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
</tr>
<tr>
<td>O</td>
</tr>
</tbody>
</table>
Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Very negatively impacted programs</th>
<th>Negatively impacted programs</th>
<th>No difference in quality has been seen</th>
<th>Positively impacted programs</th>
<th>Very positively impacted programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>the practice of having Dietetic Internships define a program concentration has been beneficial? (ie, identifying a programs emphasis: health promotion, food system management, medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluate the following statement. *

<table>
<thead>
<tr>
<th></th>
<th>No basis for comment</th>
<th>Very negatively impacted programs</th>
<th>Negatively impacted programs</th>
<th>No difference in quality has been seen</th>
<th>Positively impacted programs</th>
<th>Very positively impacted programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>nutrition therapy, community, research, clinical, etc...)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No basis for comment</td>
<td>Allowing more flexibility would negatively affect program standards</td>
<td>Allowing more flexibility would not impact program standards</td>
<td>Allowing flexibility would positively impact program standards</td>
<td>Neutral thoughts on topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do you think Dietetic Internship Programs should have more flexibility in coordinating supervised practice hours emphasis to better match their declared program concentration?**

- [ ] No basis for comment
- [ ] Allowing more flexibility would negatively affect program standards
- [ ] Allowing more flexibility would not impact program standards
- [ ] Allowing flexibility would positively impact program standards
- [ ] Neutral thoughts on topic

Evaluate the following statement. *

- [ ]
- [ ]
| Do you think allowing individual programs more flexibility in designing supervised practice hours would better prepare interns for work in their desired field? | Allowing flexibility would negatively affect intern education and employment preparation | Allowing flexibility would in no way affect intern education and employment preparation | Allowing flexibility would positively affect intern education and employment preparation | Neutral thoughts on topic |

- Please provide any comments/insight you may have regarding the above questions about supervised practice hours, Internship competencies and requirements, and program concentration.
Considering the list of tasks required to effectively direct a dietetic internship program, where does preceptor recruitment fall on a scale of difficulty compared to all:

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Very difficult</th>
<th>Difficult</th>
<th>Neutral thoughts on topic</th>
<th>Easy</th>
<th>Very easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
other tasks you complete?

Considering the list of tasks required to effectively direct a dietetic internship program, where does preceptor training/orientation fall on a scale of difficulty compared to other tasks you complete?

Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Incentives very negatively impact preceptor retention</th>
<th>Incentives negatively impact preceptor retention</th>
<th>Incentives in no way impact preceptor retention</th>
<th>Incentives positively impact preceptor retention</th>
<th>Incentives very positively impact preceptor retention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
<tr>
<td></td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
<td>No basis for comment</td>
</tr>
</tbody>
</table>
Evaluate the following statement.

<table>
<thead>
<tr>
<th></th>
<th>Incentives very negatively impact preceptor retention</th>
<th>Incentives negatively impact preceptor retention</th>
<th>Incentives in no way impact preceptor retention</th>
<th>Incentives positively impact preceptor retention</th>
<th>Incentives very positively impact preceptor retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you think offering incentives aid in preceptor retention?

- No
- Moderate
- Yes

Evaluate the following statement.

<table>
<thead>
<tr>
<th></th>
<th>No basis for comment</th>
<th>I did not receive enough training from ACEND</th>
<th>The amount of ACEND training was appropriate</th>
<th>I received excellent training from ACEND</th>
<th>Neutral thoughts on topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluate the following statement.

<table>
<thead>
<tr>
<th></th>
<th>I did not receive enough training from ACEND</th>
<th>The amount of ACEND training was appropriate</th>
<th>I received excellent training from ACEND</th>
<th>Neutral thoughts on topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do you feel as if ACEND provided you with ample training on their expectations of your role, responsibilities, and expectations as a Program Director when starting your job?**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Evaluate the following statement.
Do you feel you receive an appropriate amount of support from ACEND in order to make your program as successful as possible?

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>I do not receive enough support from ACEND</th>
<th>I receive an appropriate amount of support from ACEND</th>
<th>I receive excellent support from ACEND</th>
<th>Neutral thoughts on topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>❌</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>❌</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>❌</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>❌</td>
<td>❌</td>
<td></td>
</tr>
</tbody>
</table>

Evaluate the following statements. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Training would not be beneficial in any way</th>
<th>Training would be of limited benefit</th>
<th>Training would be beneficial</th>
<th>Training would be very beneficial</th>
<th>Neutral thoughts on topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluate the following statements. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Training would not be beneficial in any way</th>
<th>Training would be of limited benefit</th>
<th>Training would be beneficial</th>
<th>Training would be very beneficial</th>
<th>Neutral thoughts on topic</th>
</tr>
</thead>
</table>

Would additional training on preceptor recruitment/retention be beneficial to you?

Please provide any feedback/insight you may have regarding the above questions about Dietetic Internship Program Directing and/or Preceptor recruitment, training, and retention.
Evaluate the following statements. *

<table>
<thead>
<tr>
<th>Statement</th>
<th>No basis for comment</th>
<th>Training provided is substantially lacking</th>
<th>Training provided is lacking</th>
<th>Neutral thoughts on topic</th>
<th>Training provided is thorough</th>
<th>Training provided is very thorough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel as if you received enough training/orientation from Dietetic Internship before beginning your work with interns?</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>Do you feel as if</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
</tbody>
</table>
Evaluate the following statements. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Training provided is substantially lacking</th>
<th>Training provided is lacking</th>
<th>Neutral thoughts on topic</th>
<th>Training provided is thorough</th>
<th>Training provided is very thorough</th>
</tr>
</thead>
</table>

**you receive enough continuing education/training opportunities from Dietetic Internship Programs you partner with?**

Evaluate the following statement. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Substantially undervalued</th>
<th>Undervalued</th>
<th>Neutral thoughts on topic</th>
<th>Valued</th>
<th>Very valued</th>
</tr>
</thead>
</table>

**Do you feel as if you are a valued part of the**
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>dietetic internship program team?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
</tr>
<tr>
<td>Substantially undervalued</td>
</tr>
<tr>
<td>Undervalued thoughts on topic</td>
</tr>
<tr>
<td>Valued</td>
</tr>
<tr>
<td>Very valued</td>
</tr>
</tbody>
</table>

Evaluate the following statement. *

<table>
<thead>
<tr>
<th>An incentive would greatly reduce my likelihood of remaining a preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>An incentive would reduce my likelihood of remaining a preceptor</td>
</tr>
<tr>
<td>An incentive would in no way impact my decision to remain a preceptor</td>
</tr>
<tr>
<td>An incentive would increase my likelihood of remaining a preceptor</td>
</tr>
<tr>
<td>An incentive would greatly increase my likelihood of remaining a preceptor</td>
</tr>
</tbody>
</table>

116
Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>An incentive would greatly reduce my likelihood of remaining a preceptor</th>
<th>An incentive would reduce my likelihood of remaining a preceptor</th>
<th>An incentive would in no way impact my decision to remain a preceptor</th>
<th>An incentive would increase my likelihood of remaining a preceptor</th>
</tr>
</thead>
</table>

Would receiving some type of incentive increase your likelihood of remaining a preceptor in the future?
• Please provide any comments/feedback you have related to the above questions based on preceptor training, incentives, and being a part of the Dietetic Internship Program Team.

• Evaluate the following statement. *
| No basis for comment | Reducing undergraduates would very negatively impact the profession | Reducing undergraduates would negatively impact the profession | No change in profession would be seen with a reduction in undergraduate acceptance | Reducing undergraduates would positively impact the profession | Reducing undergraduates would very positively impact the profession |

| Do you think reducing acceptance of didactic program undergraduates to better reflect the number of available dietetic internships would make for a more successful route to becoming a | ☐ | ☐ | ☐ | ☐ | ☐ |
Evaluate the following statement.

<table>
<thead>
<tr>
<th>Registered Dietitian?</th>
<th>No basis for comment</th>
<th>Reducing undergraduates would very negatively impact the profession</th>
<th>Reducing undergraduates would negatively impact the profession</th>
<th>No change in profession would be seen with a reduction in undergraduate acceptance</th>
<th>Reducing undergraduates would very positively impact the profession</th>
<th>Reducing undergraduates would positively impact the profession</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>ISSPs have very negatively affected Dietetic Internship</th>
<th>ISSPs have negatively affected Dietetic Internship</th>
<th>No change in Dietetic Internship has been seen</th>
<th>ISSPs have positively affected Dietetic Internship</th>
<th>ISSPs have very positively affected Dietetic Internship</th>
</tr>
</thead>
</table>

Do you think

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>ISSPs have very negatively affected Dietetic Internships</th>
<th>ISSPs have negatively affected Dietetic Internships</th>
<th>No change in Dietetic Internships has been seen</th>
<th>ISSPs have positively affected Dietetic Internships</th>
<th>ISSPs have very positively affected Dietetic Internships</th>
</tr>
</thead>
</table>

the 2011 addition of Individualized Supervised Practice Pathways (ISSPs) as an alternate route to meeting internship requirements has impacted traditional
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>ISSPs have very negatively affected Dietetic Internships</th>
<th>ISSPs have negatively affected Dietetic Internships</th>
<th>No change in Dietetic Internships has been seen</th>
<th>ISSPs have positively affected Dietetic Internships</th>
<th>ISSPs have very positively affected Dietetic Internships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>dietetic internship programs?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate the following statement. *
| No basis for comment | ISSPs are a far inferior alternative to traditional Dietetic Internships | ISSPs are an inferior alternative to traditional Dietetic Internships | No difference between the two | ISSPs are a superior alternative to traditional Dietetic Internships | ISSPs are a far superior alternative to traditional Dietetic Internships |

**Do you think Individualized Supervised Practice Pathways (ISSPs) provide a comparable experience to traditional dietetic internships?**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

*
Please provide any comments/feedback you may have on Individualized Supervised Practice Pathways and/or matching Dietetic Internship class size to Undergraduate class size.

To best answer the next set of questions, feel free to reference/review the 2012 Standards for Internship Programs in Nutrition & Dietetics, published by the ACEND, specifically Appendix A starting on page 54: http://www.eatright.org/ACEND/

Evaluate the following statement.*
| No basis for comment | Complicated substantive change process greatly detracts from programs making changes | Complicated substantive change process greatly detracts from programs making changes | Substantive change process does not impact programs decision to make substantive changes | Simple substantive change process greatly encourages programs to make changes | Simple substantive change process greatly encourages programs to make changes |

Do you think the Accreditation Council for Education in Nutrition and Dietetics (ACEND) substantive change
Evaluate the following statement.

| No basis for comment | Complicated substantive change process greatly detracts from programs making changes | Complicated substantive change process detracts from programs making changes | Substantive change process does not impact programs decision to make substantive changes | Simple substantive change process greatly encourages programs to make changes | Simple substantive change process encourages programs to make changes |

- **process** affects sites from making program changes?
<table>
<thead>
<tr>
<th>Do you think the ACEND reaccreditation process is well designed?</th>
<th>No basis for comment</th>
<th>Reaccreditation process is too complicated</th>
<th>Reaccreditation process is complicated, but necessary to maintain educational standards</th>
<th>Reaccreditation process is complicated, and could be streamlined, while still maintaining educational standards</th>
<th>Neutral thoughts on topic</th>
<th>Reaccreditation process is simple</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate the following statement. *
<table>
<thead>
<tr>
<th>Does the cost associated with dietetic intern class size (per student) prohibit program expansion?</th>
<th>Cost is very affordable, and greatly encourages expansion of class sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
<td>Cost is affordable, and greatly encourages expansion of class sizes</td>
</tr>
<tr>
<td>Cost greatly prohibits class size expansion</td>
<td>Cost in no way affects class sizes</td>
</tr>
<tr>
<td>Cost somewhat prohibits class size expansion</td>
<td>Cost is affordable, and greatly encourages expansion of class sizes</td>
</tr>
</tbody>
</table>

Evaluate the following statement. *
<table>
<thead>
<tr>
<th>Do you think the ACEND Peer Review process provides an unbiased assessment of sites seeking and maintaining accreditation?</th>
<th>No basis for comment</th>
<th>Peer review process is very biased in assessment</th>
<th>Peer review process is somewhat biased in assessment</th>
<th>Neutral thoughts on this topic</th>
<th>Peer review process is mostly unbiased in assessment</th>
<th>Peer review process is completely unbiased in assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Please provide any feedback/comments in regards to the above ACEND-related questions (accreditation process, substantive change process, reaccreditation process, cost, and peer review process).
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>Do you think the Dietetic Internship</th>
<th>No basis for comment</th>
<th>Dietetic Internship process does not impact program diversity</th>
<th>Dietetic Internship process greatly hinders program diversity</th>
<th>Dietetic Internship process somewhat hinders program diversity</th>
<th>Dietetic Internship process increases program diversity</th>
<th>Dietetic Internship process one way or the other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>Dietetic Internship process</th>
<th>Dietetic Internship process does not impact program diversity</th>
<th>Dietetic Internship process increases program diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
<td>Dietetic Internship process greatly hinders program diversity</td>
<td>Dietetic Internship process increases program diversity</td>
</tr>
<tr>
<td>Dietetic Internship process greatly hinders program diversity</td>
<td>Dietetic Internship process somewhat hinders program diversity</td>
<td>Dietetic Internship process increases program diversity</td>
</tr>
<tr>
<td>Dietetic Internship process does not impact program diversity</td>
<td>Dietetic Internship process one way or the other</td>
<td>Dietetic Internship process increases program diversity</td>
</tr>
<tr>
<td>Dietetic Internship process greatly hinders program diversity</td>
<td>Dietetic Internship process does not impact program diversity</td>
<td>Dietetic Internship process increases program diversity</td>
</tr>
</tbody>
</table>

match process hinders program diversity?

Evaluate the following statement. *
<table>
<thead>
<tr>
<th>Do you think the cost incurred by Dietetic Interns (tuition, books, etc...) affects diversity in the field?</th>
</tr>
</thead>
</table>

- No basis for comment
- Dietetic Internship costs are very prohibitive and hinder diversity
- Dietetic Internship costs are prohibitive and hinder diversity
- Dietetic Internship costs in no way affect diversity
- Dietetic Internship costs are not prohibitive and do not affect diversity
- Dietetic Internship costs are affordable and do not affect diversity

Evaluate the following statement. *
| No basis for comment | In-State tuition rates very negatively impact Dietetic Internships | In-State tuition rates negatively impact Dietetic Internships | In-State tuition rates in no way impact Dietetic Internships | In-State tuition rates positively impact Dietetic Internships | In-State tuition rates very positively impact Dietetic Internships |

**Do you think it is a good idea for Dietetic Internship programs to offer reduced, in-state, tuition rates?**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Evaluate the following statement. *
<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Providing In-State tuition rates to these students would have a very negative impact</th>
<th>Providing In-State tuition rates to these students would have no impact</th>
<th>Providing In-State tuition rates to these students would have a positive impact</th>
</tr>
</thead>
</table>

Do you think intern applicants from States without their own Dietetic Internship programs (specifically Hawaii, North Dakota, Vermont, ...? |  ○ |  ○ |  ○ |  ○ |  ○ |  ○ |
Evaluate the following statement.

<table>
<thead>
<tr>
<th>Providing In-State tuition rates to these students would have a very negative impact</th>
<th>Providing In-State tuition rates to these students would have a negative impact</th>
<th>Providing In-State tuition rates to these students would have no impact</th>
<th>Providing In-State tuition rates to these students would have a positive impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wyoming, and Washington D.C.) should qualify for in-state tuition rates when they apply to out-of-state programs?
• Please provide any feedback/comments pertaining to the above questions about Dietetic Internship Program diversity, cost, and in-state tuition.

Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Masters degree requirement will greatly reduce pass rates</th>
<th>Masters degree requirement will reduce pass rates</th>
<th>Masters degree requirement will not effect pass rates</th>
<th>Masters degree requirement will increase pass rates</th>
<th>Masters degree requirement will greatly increase pass rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think the current plan to</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No basis for comment</td>
<td>Masters degree requirement will greatly reduce pass rates</td>
<td>Masters degree requirements will not effect pass rates</td>
<td>Masters degree requirements will increase pass rates</td>
<td>Masters degree requirement will greatly increase pass rates</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>

begin requiring a Masters degree in 2024 prior to sitting for the RD exam will be beneficial to exam pass
Evaluate the following statement.

<table>
<thead>
<tr>
<th>Masters degree requirement</th>
<th>Masters degree requirement</th>
<th>Masters degree requirement</th>
<th>Masters degree requirement</th>
<th>Masters degree requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>No basis for comment</td>
<td>Masters degree requirement will greatly reduce pass rates</td>
<td>Masters degree requirement will reduce pass rates</td>
<td>Masters degree requirement will not effect pass rates</td>
<td>Masters degree requirement will increase pass rates</td>
</tr>
</tbody>
</table>

Do you agree or disagree?
Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Masters degree requirement will greatly decrease workplace preparation</th>
<th>Masters degree requirement will decrease workplace preparation</th>
<th>Masters degree requirement will not impact workplace preparation</th>
<th>Masters degree requirement will increase workplace preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think requiring future Registered Dietitians to complete a Masters degree will better prepare them for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Evaluate the following statement.

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Masters degree requirement will decrease workplace preparation</th>
<th>Masters degree requirement will not impact workplace preparation</th>
<th>Masters degree requirement will increase workplace preparation</th>
<th>Masters degree requirement will greatly increase workplace preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>workplace</strong> ?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
No basis for comment

<table>
<thead>
<tr>
<th>Masters degree requirement</th>
<th>Masters degree requirement will greatly hinder diversity</th>
<th>Masters degree requirement will not impact diversity one way or another</th>
<th>Masters degree requirement will enhance diversity</th>
</tr>
</thead>
</table>

Do you think requiring future Registered Dietitians to complete a Masters degree will impact diversity

- [ ] No
- [ ] Yes
- [ ] Not sure
Evaluate the following statement.

<table>
<thead>
<tr>
<th><strong>No basis for comment</strong></th>
<th>Masters degree requirement will greatly hinder diversity</th>
<th>Masters degree requirement will hinder diversity</th>
<th>Masters degree requirement will not impact diversity one way or another</th>
<th>Masters degree requirement will greatly enhance diversity</th>
<th>Masters degree requirement will enhance diversity</th>
</tr>
</thead>
</table>

* in the field?

Evaluate the following statement. *
<table>
<thead>
<tr>
<th></th>
<th>Masters degree requirement will greatly decrease prestige</th>
<th>Masters degree requirement will decrease prestige</th>
<th>Masters degree requirement will not impact prestige one way or another</th>
<th>Masters degree requirement will greatly enhance prestige</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you think requiring future Registered Dietitians to complete a Masters Degree will increase prestige of dietetic practitioners in their</strong></td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Masters degree requirement will greatly decrease prestige</th>
<th>Masters degree requirement will not impact prestige one way or another</th>
<th>Masters degree requirement will enhance prestige</th>
<th>Masters degree requirement will greatly enhance prestige</th>
</tr>
</thead>
</table>

**workplace?**

Evaluate the following statement. *
| No basis for comment | Masters degree requirement will greatly decrease practitioner quality | Masters degree requirement will decrease practitioner quality | Masters degree requirement will not impact practitioner quality one way or another | Masters degree requirement will enhance practitioner quality |

| Do you think requiring future Registered Dietitians to complete a Masters degree will result in more qualified practitioners? |

○ ○ ○ ○ ○ ○
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Masters degree requirements will greatly decrease practitioner wage</th>
<th>Masters degree requirements will decrease practitioner wage</th>
<th>Masters degree requirements will not impact practitioner wage one way or another</th>
<th>Masters degree requirements will greatly enhance practitioner wage</th>
<th>Masters degree requirements will greatly enhance practitioner wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think requiring future Registered Dietitians to complete a Masters degree will result in</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Evaluate the following statement. *

<table>
<thead>
<tr>
<th>No basis for comment</th>
<th>Masters degree requirements will greatly decrease practitioner wage</th>
<th>Masters degree requirements will impact practitioner wage one way or another</th>
<th>Masters degree requirements will not enhance practitioner wage</th>
<th>Masters degree requirements will greatly enhance practitioner wage</th>
</tr>
</thead>
</table>

- higher salaries for practitioners?  

- Please provide any feedback/comments to the above questions related to Masters degree requirements.
All survey responses are both anonymous and confidential; questions pertaining to gender/ethnicity will be utilized in statistical analysis only:

Male or Female

What race/ethnicity do you identify yourself as?
Survey Completed! Thanks you so much for your time and feedback on the topic of Dietetic Internships! Please feel free to leave any additional comments below, or reach out to me with any questions/concerns:

Samantha Moelter
303-902-4069
smoelter@emich.edu
Appendix L: Complete Open Comment Survey Responses

Please provide any comments/insight you may have regarding the above questions about supervised practice hours, Internship competencies and requirements, and program concentration.

Although I like the idea of a focus for an internship, I really believe that all internships should have a balance of the three main areas of dietetics. Since entry level RDs work in all areas of dietetics, I think interns need adequate exposure to all areas. With the proliferation of the Distance Internships and ISPP Programs, where interns "find their own rotations", the lack of quality supervision is rampant.

I think that the overall distance of sites from the "base location" of the main site has a strong impact on interns. If places are ~1.5 or more hours away, students spend more time on the road, are likely much more tired, or have to go into a financial burden to get a hotel. I think farther sites can lead to quicker burnouts.

The outcome competencies reflect expectations and needs of field. However, the current educational pathways do not. RDs need a master degree level of preparation. This should be a mandate. We are sacrificing the scientific foundation of the field to try and cram all the "how to do"stuff in the first four years. 1200 hrs of supervised practice can not undo a poor preparation. With few exceptions, interns want to know how to do and not why they do what they do. We see this daily with RDs accepting spurious literature and making comments that make me cringe (e.g. "This additive has a complicated chemical name therefore I can't recommend it" -- did this person actually pass organic chemistry? What level of food science preparation did they receive??) The majority of interns do not know how to read the literature due to lack of statistical and biochemical, physiological background. We are losing the field because we have poorly prepared practitioners. Without a mandate required by ACEND universities are reluctant to move to MS level of preparation and will not do so.

I work in community nutrition and I oversee a Meals on Wheels program. The community rotation offers more flexibility than the clinical rotations. So I have not had a problem with the interns.

It is difficult to know your concentration that early. What I thought I wanted to do as a student changed several times and when it came to finding a job I choose to be less picky and go with available positions vs what my ideal position. Students need to be adequately prepared for a variety of jobs.

The requirement for affiliation agreements severely negatively impacts the ability to provide a well-rounded supervised practice.

Allowing more flexibility will likely decrease advanced clinical training as I believe these rotation sites/preceptors are most difficult to find/retain.

If the supervised practice hours were still 900 hours we could add at least 2 intern positions to our program.

The purpose of accreditation is to maintain standards and protect students. Giving programs too much flexibility will impact the standards negatively.

My ISSP internship I have completed had an emphasis in community nutrition; however, more supervised hours were spent in clinical and food service which didn't make sense to me.

I think programs with low pass rates need to be held accountable and de-certified.
One of your questions above did not allow multiple choices. We do have flexibility in how we design our DI programs. ACEND does not state any percentage of hours needing to be clinical.

I am still "recovering" from an ISPP student (from another program) asking me to help her find a clinical site as she needed only 300 clinical hours of training (no other requirements). I underwent an Academy site visit last year and I was held accountable to a lot more than that. 900 vs. 1200 hours has not made much of a difference; whereas the upcoming requirement of an MS:RD will deter folks from entering our profession. As a former Chief Dietitian at a major teaching hospital - I would also not hire someone with 300 hours of clinical with no focus. So I have very mixed feelings about the entire ISPP program. I think the Academy has become so focused on its NCP/standardized language that students are no longer being taught leadership/management skills that are necessary with the changing health care environment. This lack of training is very discouraging to watch as some of my sites hire these new grads (not ours). Our concentration has been the basis for several of our graduates to get high paying federal jobs that are probably considered non-entry - so based on our experience - I am "pro" concentration approach.

First, I believe that interns should receive a good overall exposure to all areas of dietetics - you never know what the future will bring and focusing only on one area of interest may not properly prepare the intern for future challenges that come their way that are outside of the interns' interest. Second, I believe that if not forced to do so, programs may be prone to limit exposure to supervised practice sites and specialties that are outside of their area of interest. This may be more in the interest of the director of the program and could possibly result in limited rotations and areas of exposure.

Competencies need to be more focused on broad concepts with a variety of applications. While they have improved over the years they are still far too specific. Because they are imbedded in evaluation tools and experiences, each time they are "tweaked" a major overhaul of these tools is required. If they were broader there would only need to be the occasional addition or deletion.

I have been in the business a long time. I feel we now require far too much documentation in order to prove competence.

programs already have the flexibility to set their practice hours up as they see fit.

Given that interns need to be prepared for work, in any domain, it is necessary to be exposed and tested adequately in all. Interns rarely know where they will end up working-maybe where they want to work-but reality sets in when it's time to look for a job and sometimes we have to take positions that are not our first choice but, necessary to pay the bills. Personally, I have worked in clinical, food service management, community nutrition and education and have thoroughly enjoyed every one of them. Had I not had exposure to them in college and supervised practice, I'm not sure I would have been as confident in my ability to do the work. Yes, I had to review and brush up on topics-if for no other reason, all domains change over time-but I would expect that is true for anyone moving into a new professional area. However, if you had told me when I was an intern, that I would be working in Child Nutrition Programs for 18 years of my career, I would have thought you were out of your mind. That avenue hadn't even occurred to me then.

programs do have flexibility in how they differentiate their practice hours.

I work at a very small facility. I took my first intern last year. It was very intense for the student and me. However, I think she had a good rotation with MNT and it was very good for me as well. I would consider a student again.
The present standards allows time to develop experiences in the concentration area.

I have an internship program with an emphasis in Medical Nutrition Therapy. In the old standards there were specific competencies (NT 1-11) I had to meet to utilize this emphasis. I feel these same standards should still apply to all programs. When interviewing candidates coming out of programs without an MNT emphasis many are unprepared to enter a clinical position. Interns need to be made aware that not all programs will prepare them for all positions even though they may have met the competencies.

Our program matched 40 students this year b/c we have a free-standing DI that is finishing and started a combined MS in Nutrition/DI which also started this year as those students start w/the academic. So we still only have 20 in supervised practice at one time.

The concentration should be interfaced throughout the program to have the most benefit!

Supervised practice hours should be based on quality, not quantity. 1200 hours is likely too many and is making it more difficult for our students, our preceptors, our industry, and our profession. We are trying to be the experts in all areas and we don't need to be, and we shouldn't be. The competencies cover all areas needed, but once again we are trying to be masters of all areas which I think is not necessary and not sustainable.

I have found ACEND to be very helpful in answering questions-and has adapted to the changing environment for rotation sites. E.g there used to be a requirement that interns spend time in a WIC agency which has proved to be unworkable due to staffing issues at WIC offices, so that requirement has been dropped. Opportunities for "simulations" to satisfy competencies and for sub-acute settings to "count" as clinical sites have proved to be extremely helpful to directors and do not appear to be interfering with interns' mastery of those competencies.

I have found ACEND to be very helpful in answering questions-and has adapted to the changing environment for rotation sites. E.g there used to be a requirement that interns spend time in a WIC agency which has proved to be unworkable due to staffing issues at WIC offices, so that requirement has been dropped. Opportunities for "simulations" to satisfy competencies and for sub-acute settings to "count" as clinical sites have proved to be extremely helpful to directors and do not appear to be interfering with interns' mastery of those competencies.

I believe that increasing the internship hours from 900 to 1200 gives students a much better, more well-rounded experience. Not only does this prepare them for graduation and the "real world," but it also gives them adequate time to gain a better understanding of the day to day functions in each rotation.

Because we already had more than 1200 hours in our internship, the change in hours has not impacted our program. I think it would be very difficult for our interns to achieve competency in the required areas in 900 hours. I feel like we already have flexibility in designing supervised practice hours -- for example, our program has a community emphasis and because of that we offer more hours in community based education and program planning than most internships.

I feel that my program is allowed adequate flexibility in determining how supervised practice hours are spent. I've only been a program director since the new 1200 hour requirement has been in place, and myself completed a program with a 1200 hour requirement, so am unable to speak to the impact of the change.

Supervised practice hours should cover all aspects of dietetics: acute, ICU, community, outpatient. Etc.

Flexibility in education and our field is important since our profession has such a wide scope of abilities in the job market.
Requiring an increase in supervised practice hours has further increased the difficulty of ensuring more supervised practice sites because sites are generally unwilling to give more time to precept interns. This is a barrier to increasing intern class size and, thus, prevents us from improving the internship match percent. Another consideration when discussing DI programs' inability to increase intern class size is that the state of health care and public health right now is very volatile with economic crises and reductions in force so asking more of sites/preceptors (i.e., to take on more interns, to increase the number of hours preceptors spend with interns) is not an option. Programs need more support from ACEND in order to increase the number of interns who can complete supervised practice and thus, improve the match rate to better align with other disciplines' models match rates.

<table>
<thead>
<tr>
<th>I think interns should be exposed to all aspects of nutrition during their internship. I believe that allowing too much emphasis on a certain area would not adequately prepare future dietitians and would limit their job capability in the future.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not think internships should be required to state a concentration. Most interns apply to the internships they live close to or that they think they can gain entrance to. Then they are stuck with the concentration that internship has. I think internships should be able to individualize the rotations for each intern, of course, with some guidance and minimum requirements in each area of dietetics.</td>
</tr>
</tbody>
</table>

Supervised practice hours uses preceptors that already have a workload independent for teaching the intern. It is a commitment to the preceptor needs to do but it has been challenging to find sites that the administration support this type of activity. Now with the master requirement prospective students will have to pay more for the professional degree but the dietitian's salary won't remunerate for those expenses.

<table>
<thead>
<tr>
<th>Supervised practice hours uses preceptors that already have a workload independent for teaching the intern. It is a commitment to the preceptor needs to do but it has been challenging to find sites that the administration support this type of activity. Now with the master requirement prospective students will have to pay more for the professional degree but the dietitian's salary won't remunerate for those expenses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There already is more than ample flexibility to design the supervised practice to meet the competencies. ACEND does not dictate any number of specific hours for any specific competency or area of practice. Frankly, I find the questions above about flexibility difficult to answer because there is not inflexibility presently.</td>
</tr>
</tbody>
</table>

Many of the competencies are NOT representative of entry level work that an RD would be doing or even allowed to do without additional education. Some of the competencies are also written in a vague manner that it is unclear what interns can do to meet it. Lastly, some of the "competencies" would best be addressed in school instead of an internship program, which should be focused on job training & practice. Too much internship time is spent on having interns complete projects to meet competencies that are not entry level, such as some of the managerial competencies and the waste reduction one. Our facility has so little waste it is impossible to have the interns do anything practical; writing a paper to meet this is busy work.

<table>
<thead>
<tr>
<th>Many of the competencies are NOT representative of entry level work that an RD would be doing or even allowed to do without additional education. Some of the competencies are also written in a vague manner that it is unclear what interns can do to meet it. Lastly, some of the &quot;competencies&quot; would best be addressed in school instead of an internship program, which should be focused on job training &amp; practice. Too much internship time is spent on having interns complete projects to meet competencies that are not entry level, such as some of the managerial competencies and the waste reduction one. Our facility has so little waste it is impossible to have the interns do anything practical; writing a paper to meet this is busy work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that there is adequate flexibility in the current requirements for DI programs to prepare interns in a variety of ways.</td>
</tr>
</tbody>
</table>

As a director of a public health focused dietetic internship for the past 2 years I feel I have sufficient flexibility to design the program to meet the interns needs to pass the RD exam and be competitive in job market of their choosing.

<table>
<thead>
<tr>
<th>As a director of a public health focused dietetic internship for the past 2 years I feel I have sufficient flexibility to design the program to meet the interns needs to pass the RD exam and be competitive in job market of their choosing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>My main concern in expanding hours was the increased cost to the students and finding sites and preceptors. We were able to do that and students are generally just taking out more loans. :( However, before the increase in hours we had around an 85% a 5 year pass rate so I was never really sure that our program needed these increased hours.</td>
</tr>
</tbody>
</table>
I believe that the food service supervised practice component should be optional for programs with a clinical focus. This mandated weeks take away from time that could be spent improving clinical skills. Few of the interns graduating from our program take positions which require food service experience.

we were just reviewed for our accreditation and I do NOT feel that the program concentration was any where linked to the amount of supervised practice hours. The review process does NOT mandate that you have so many practice hours in the program focus, rather it looked at the concentration and made sure it was laced into different aspects of the program to maintain it was the right fit - there was no way a minimum number of supervised practice hours that it was compared too - I just wanted to make sure you understood that - they questions made me feel like you were comparing them. I will say that it is contradictory for ACEND to tell programs our job is to provide an entry-level dietitian and throughout the review process everything is looked at to be ready to be entry-level - no specialities...however then it gets to a 'program concentration' and then all of sudden we need to have some sort of way to measure that we have a special concentration that our program provides - seems like a dichotomy to me to preparing an entry-level dietitian with a program concentration, but those are my thoughts on that.

From my perspective ACEND is the true problem. This group puts up road blocks for any innovative ideas that might decrease this ever growing problem. This is not a new problem. It has existed for well over 40 years with no strides met--one has to ask WHY--I truly don't believe a true root cause analysis has ever been completed but what I do know is that when the Academy has suggested seamless program, use of more and more simulations, and other learning methods it has been met with "ABSOLUTELY NOT" from ACEND. What is also sad is that educational programs truly don't have to meet the ACEND standards so bad programs continue to put out bad dietitians with many of those not passing the RD exam. What makes me say that is the 80% pass rate is overlooked time and time again--why because ACEND makes BIG bucks from the school evaluations. No program--no money. Plus schools continue to take students even those they know are unable to pass the exam. They don't care that there are not enough spots because they don't have to have a seamless program-- often required in many other professional programs. If the school cuts their numbers to more closely match the openings then THEY don't make money and the program at the school is closed. I say this because it continues to be a vicious circle. Business is business--no students, no programs but also no internship spots. With ACEND being all educators, they understand the plight of their fellow dietitians and turn their head to the student that has spent thousands of hours to find out in April of their senior year that they will not be matched. Many have no idea and neither do the parents that have possibly spent all of their retirements to make sure their child received the education to find out this child is now dead ended and unable to complete the requirements for the professional they had dreamed of and just spent 4 or 5 years of their lives striving towards. ACEND has called many of us that did the 6 months experience with our masters as well as those with 3 year pre-planned "2nd class citizens" yet many of us have been extremely active within the Academy as we HAD to work hard to get our credential. Many of us have held leadership positions within DGSs, within the House and many of us on the Board of Directors. Some of us have even been the practitioner member of the accreditation team going in to review programs as long as you keep how you obtained your credential to yourself. Maybe we need to "get rid of the box" altogether and figure this out. I wish you success in your investigation and truly hope that you can help present ideas to the Academy, ACEND and CDR but I can tell you it will be ACEND that puts up the roadblocks.
My program is clinically focused, so I believe we have enough hours of clinical experience, but I'm not sure that is true for all programs. This is just a general impression based on hearing about other dietitians' experiences in other internships. I do support the increase from 900 to 1200 hours - I don't know that 900 hours is enough time for interns to adequately develop critical thinking and other necessary skills. I find the latest ACEND core competencies to be better than the prior version, but some are still challenging to interpret - translating the competency into real life practice.

I am a preceptor for the food service rotation for a program with an emphasis in public health. I do not have the ability to comment on clinical rotation emphasis.

The best quality of the current dietetic internship program is that it requires students to have diverse experiences in many areas of dietetics. It is a great opportunity to explore career paths and to network with professionals. In this survey, I interpret "more flexibility" to mean less variety and I believe this would be a deterrent to students' professional growth.

I feel that I have had flexibility in planning supervised practice hours. I am still struggling with my concentration hours. The competency statements are difficult for my preceptors to understand.

I think the 2008 Competencies have prepared interns to be very effective entry level practitioners.

Increasing the hours from 900 to 1200 has no benefit to the quality of the internship. It is requiring time beyond the academic year and more time demanded from preceptors. Many programs also had to increase tuition and this is a burden for students.

The field is such a broad one that it is difficult to adequately meet competencies in all areas. Several competencies are managerial skills and not "entry-level" skills. For purposes of supervised practice training and the RD exam, I think the focus should be on protection of the public, competencies related clinical nutrition. Administrative and food science competencies are important to learn, but is a supervised practice training and test questions going to result in protecting the public any better?

I prefer the generalist approach to dietetics education since the RD exam covers all areas anyway. Having a concentration just created more work. The competencies change too often and are too "fussy". More capability to give credit for prior learning should be instituted.

Changing to 1200 hours made our program even more compact with no allowance for a sick day or day off. Making RDs have a masters has negatively impacted internships. There are already too few internships and now I predict some will close. I feel the BS and internship should qualify one for the exam. I was a clinical director for 19 years. I want RDs that can do everything in their assigned area, not someone who can't.

Our program DOES do that, stretches the standards 'til they squeak!

There needs to be a minimum amount of hours in different areas if we are to stay generalists. If the intern is allowed to truly specialize and have the RD exam reflect that, the flexibility would be good. At the end of the day, the intern has to pass the RD exam and to do so the standards need to be consistent. At this stage, internships are very creative on how they meet the hours so there is flexibility. As a distance program that provides 90% of their preceptors, it would be easier if we didn't have to do a real community rotation (which I realize is different than what most internships say- they want less clinical). We realize there is a need for community so I wouldn't want to take that away. The number of hours is a bigger issue than the standards. Increasing the hours doesn't seem to make a lot of difference in what we have seen.
I'm not sure what you mean by "more flexibility". I have been an internship director for 22 years and have served as a program reviewer, so have had the opportunity to review programs with a variety of curricula and emphasis areas, with very different distributions of hours among dietetic practice areas. I believe the current ACEND standards provide a high level of flexibility for internships to identify a focus area and allocate hours according to the focus area and the program's resources. A program can have a large number of hours or a small number of hours for different topics. As long as the RD/RDN credential is a generalist credential, supervised practice programs must continue to offer experiences in the main areas of dietetic practice so that their graduates meet employer expectations for an individual with the RD/RDN credential.

My concern is with flexibility you will have people taking advantage of the system or misunderstanding the requirements and not producing quality interns. Otherwise, if everyone is strong DI Director and curriculum designer and are tough on their interns, it may be a benefit. However, unfortunately this is not the case. As an ACEND reviewer I see it often: weak directors produce weak interns and they are the ones who will mismanage the system when we introduce flexibility.

The increase in supervised practice hours put a demand on our program preceptors to work with the interns for a longer period of time because finding more preceptors to fill those hours was difficult. Fortunately, we have very dedicated preceptors but I am also realistic to believe that burnout may occur and I am looking into rotation alternatives to help lessen this burden.

While overall I think the competencies are appropriate, there are some which I believe should be changed. To help relieve the clinical preceptor shortage I think that AND/CDR should allow preceptors to have reduced annual dues and/or CEU credit. There needs to be tangible incentives for providing this service, and most internship programs cannot afford to pay preceptors. Many clinical RDs must now justify to their hospital administration the use of their time overseeing interns, and if the administration does not see a benefit to the hospital they generally are not as likely to support it.

The number of hours (1200) seems excessive. I think 1000 hours would be just as good. I have never seen any evidence that there is a meaningful difference between 900 and 1200 hours.

I feel the 1200 hours is appropriate and necessary to ensure that interns are ready for the workplace. Our concentration area is community, so it would be challenging to get an appropriate amount of time in certain areas without the 1200 hour requirement. It is important that all interns are competent in all areas (foodservice, community, clinical, research), but having a focus area allows interns more depth in a particular setting.

Most jobs (especially entry-level ones) are clinical. RDs need to be prepared to take those jobs. The RDs I know coming out of non-clinical internships are NOT prepared.

The internship I attended had its focus on health literacy and health promotion among different subgroups of populations—specifically inner city and the less fortunate as well as Veterans. My program didn't have a lot of flexibility but it was set up well and I didn't feel that I needed more flexibility in the program. I left feeling prepared.

Regarding hours: I have some interns for 8 days and some interns for 6-8 weeks. I think ACEND competencies are "by the book", not real world. Usually the internship directors are amenable to us modifying the tasks to be more pertinent to my field (school nutrition) and to projects that I need help with. My concern with making focused internships is we RDs often change our mind, move, find new opportunities, etc. so an internship focused on clinical would not help an RD who later wants to do school nutrition, for example. I am also concerned with
the amount of uncompensated time that it takes to be a preceptor. I am also concerned by the quality of queries I get through the find a preceptor database. Some are unprofessional, incomplete sentences, grammatically incorrect, spelling errors, etc. - it is shocking. Finally, I think the quality of internships has declined over the years due to allowing prospective distance interns to set up their rotations, rather than having it centrally managed by an internship director.

I supervise a clinical nutrition focused internship, so we provide more clinical time and in more unique areas than most programs. I think it is very important that interns receive sufficient clinical hours because many available jobs (particularly first jobs) require clinical skills and knowledge. In regards to the ACEND competencies: We need additional competencies related to research and outcomes. In the push for dietitians to "prove their worth," we need to produce competent students that can participate in and/or conduct research studies and quality improvement initiatives. I also feel that interns need more experience with business concepts- and not just within the foodservice realm. I'd like to see more sales/marketing and food industry as part of the supervised practice curriculum. Another nice addition to ACEND competencies would be those related to honing leadership skills.

I feel that the increase in hours from 900 to 1200 reflects the inadequacy of some DP programs to sufficiently prepare students for the DI. In addition, many institutions have difficulty understanding that the DI program needs more institutional support for a 1200 hour, multiple site program to cover all 40 competencies.

I think interns need a well-rounded, varied experience in their internships to help them better determine what job focus they are best suited for. If an internship chooses a focus on clinical dietetics and schedules most hours around that focus, then students coming from that internship would be poorly prepared to work in community dietetics and vice versa. Likewise, they would likely have difficulty passing the RD exam. That said, I do believe that too much focus is placed on clinical dietetics in most internships and would like to see the practice hours better balanced.

The questions regarding the increase in supervised practice hours from 900 to 1200 seem slanted against the increase in hours. The last two questions were poorly designed, because it presumes a lack of flexibility in coordinating and organizing supervised practice hours within a program. As a DI director, I have full responsibility and flexibility for planning and organizing all aspects of the internship program, including how and where the supervised practice hours are scheduled. If you're implying that interns should have more flexibility, that is not realistic due to the requirement that DI programs and affiliate (preceptor) sites have contracts in place before an intern can be placed in a rotation. This is a very lengthy process, oftentimes with respective legal department involvement. In the end and in my experience, DI directors do their absolute best to develop meaningful and effective supervised practice experiences within the constraints of their individual programs so that their interns are well prepared for practice.

I feel like as a DI I have a lot of flexibility in designing supervised practice hours which are beneficial to our program and interns. I don't find this restrictive, but maybe I'm not understanding what you mean by that.

there is already adequate flexibility in determining hours for each type of rotation - ACEND does not dictate this
I think allowing individual programs more flexibility in designing supervised practice hours would have both positive and negative effects. When I was a student in a coordinated undergrad program, programs could be generalist, or specialize in clinical, community, or food service. I assume that the accrediting organization at that time had standards for each of these. Then they did away with this and insisted that all programs were generalist. Now we are trending back to 20 years ago! I can imagine fewer core competencies and then specialist competencies in different areas that had to be met similar to the past - but not. We do need to admit that dietetics is a very broad field, not like occupational therapy. Having more specialized programs will not help increase the number of internship slots available and in fact create more competition for some fields (eating disorders, for instances).

Many of these questions are poorly worded in regard to the options that may be selected. The issue of increasing flexibility in designing supervised practice hours is a non-issue as ACEND allows for flexibility at present. No guidelines exist that mandate certain numbers of hours in certain areas of supervised practice. The issue of promoting more program concentrations would necessitate a mandate of core supervised practice hours/areas of practice to assure that a program would be preparing its interns to take the general registration examination.

I do think a lot of the RD exam is focused on clinical hours/experience, thus we have to provide clinical hours in the internship-it being the hardest to find for internships. I think many students would prefer to have experiences in their area of interest vs. the mandated areas. In an ideal world I would like to see the number of hours dropped in half, down to 600 so interns could get done in a semester. I would like more flexibility in what I offer for experience. For instance I have interns that have no interest in WIC but yet we have to provide that experience. I think some of those types of experience could be done in additional training once they become a RD via a certificate, etc. I do think the present system offers a lot of variety and dietitians really are experts in many different areas of practice which is beneficial as we don't always get to work in areas we desire. But it has caused problems for getting internships and experiences for the number of students we are graduating. I would prefer that we lower the number of practice hours in an internship, still keep the RD credential vs. water down the credential with other credentials that really don't mean anything and try to be flexible with the type of experiences that students can count as experience to the internship.

Although program directors would like to be more flexible, the bottom line is teaching to the test. Most programs have to have a significant amount of the 1200 hours in clinical to assure the intern is prepared to take and pass the exam. This is due to the fact that 40% of the exam questions are clinical in nature.

I am slightly confused by what the last question on this page is asking, but feel that oversight as provided by ACEND is critical for ensuring minimum professional and educational standards are being met by all internships. I would be concerned that allowing greater flexibility by individual programs could impair the maintenance of such standards.

Please provide any feedback/insight you may have regarding the above questions about Dietetic Internship Program Directing and/or Preceptor recruitment, training, and retention.
I went to two CADE (It wasn't ACEND back then) trainings on self study writing. I had to advocate for myself to attend the training. My preceptors are very loyal. It is their work demands and changes that keep them from taking more interns and dropping in and out of the program.

ACEND does not provide "training" for program directors

ACEND does not train program directors. This survey is asking questions that are not relevant to how the internship process works

ACEND is available to provide whatever support a DI director requests. I have found them to be very responsive. Additional training on preceptor recruitment can always help, but the bottom line is the DI director needs to be assertive, develop a strong network, and know how to negotiate. If they are lacking those areas, they may need more guidance.

ACEND offers excellent training on the standards at pre-FNCE sessions each year. All new program directors should attend.

ACEND provides plenty of passive support. I would appreciate more active support from ACEND. Part of the issue in this is that the standards seem to be continuously changing; however, the number of examples of how to meet the changing standards is usually inadequate.

ACEND staff are always available and provide excellent training and ideas when needed.

All training I received from ACEND was excellent and invaluable, however, I had to seek out and pay for these opportunities. I feel that preceptor incentives could possibly help with recruitment/retention, however, there should be more of a focus on training preceptors to serve in this role. I would like to consider a "nursing model" with a trained preceptor who supervises the practice of a cohort of interns.

As a distance internship our interns find their own preceptors; however, we can generate a database of potential preceptors in their area if they desire. Our preceptors are very loyal to our program mainly because our interns come well prepared and do a good job so they are willing to help future interns. We never require preceptors to help each year. We make sure they understand that it is up to them if they have the time and desire to do it. That way they don't feel like they are being burned out.

As an internship program, I have limited time, resources, or money to offer incentives to preceptors. It has been recommended over and over to have CDR provide CPEUs for preceptors. I believe being a preceptor is as much a learning experience for the preceptor as it is for the intern. That is an incentive that could be provided to preceptors that I think would be beneficial and seen of value by them.

Clinical preceptors are still the challenge, to obtain and to retain, due to overstretched staff and increased productivity expectations from administrators.

Did I get ANY training from ACEND/CADE?? HELL NO! I was left to fend for myself in every way!

Dietetic internships should be included in college curriculum like it is for MDS, Nurses, PAs. Students should not have to find their own internships especially since there is a shortage. If not enough internship opportunities exist in a state, the state health facilities should be mandated to have a program.

Facilities are cutting staff due to the Affordable Care Act. As a result RDs have higher patient loads and greater work expectations. It is increasingly difficult for them to accept interns.

Finding preceptors is the most challenging part of the dietetic internship.
First of- your survey is biasing people in telling them that there are not enough internship spots- without addressing the other side of the equation. How about colleges that take way too many students at the DPD level and then get frustrated with internships. Why should there be twice the number of students as there are internships? I am in a hospital based internship and our preceptors are our staff- we have no issues with recruiting preceptors for the question on ACEND training for my position as dietetic internship director - I did receive a good training, but it was no freely provided by ACEND and was not easily available. Fortunately, my department paid for me to receive this training. I am fortunate to work in a robust nutrition department in which all RDs are required to be preceptors as part of their job description. In addition, many preceptors enjoy this role and go above and beyond to make the internship successful. Consequently, I do not face the similar challenges of other internship programs where preceptor recruitment is a significant barrier. I am uncertain about the use of the phrase "training by ACEND." I do not feel it is their responsibility to train individuals, as that would be the responsibility of the hiring organization. However, ACEND has always provided appropriate tools and resources, as well as responses to questions when called, that support the performance of an internship director. Secondly, the online Preceptor Training module available is an excellent tool offered free to preceptors, and I don't think anything over and above that is needed for training. Together with what the individual program provides, the online modules serve effectively in providing important information about the role of preceptor. I would rather have ACEND support internship programs by providing more incentives for those identified as preceptors, as academic institutions do not have budgets that can support major incentive programs. I did not receive any training from ACEND on how to be a director when I started. When I've made mistakes, they have been very condescending. They are not at all easy to work with and they write things in such a way that you do not understand what they are saying. I do not generally have to hunt for preceptors since I have a self contained program where being a preceptor is considered an expectation of the job. Perhaps that was one of the greatest benefits of free standing programs. I felt prepared to be a DI Director, but only because of the training the prior DI Director provided me (along with the fact that I worked as a preceptor for the program for a long time before becoming director), not because of anything ACEND provided. Preceptor recruitment is very challenging because we are a relatively small community and there is another clinically focused program in our city. There are no incentives for RDs to be preceptors, and most everyone feels so overworked anyway that it is hard to convince RDs to put the time in to work with interns. It is also more challenging for RDs to get permission from their bosses or place of business - especially larger facilities or companies, who require lots of paperwork. I find most clinical RDs are very open to taking an intern and the main impediment is lack of time or support from their hospital administration. I have been lucky that I have a large pool of dietitian preceptors within our hospital campus and surrounding town and these same people have been in place for many years. I realize other facilities are not this lucky. I have utilized the preceptor training modules from ACEND and found them very beneficial for preceptors. I feel that recognizing preceptors is important although providing incentives does not necessarily equate to good preceptors. It would be a bonus to some although it is more important to want to be a preceptor to prepare future interns vs doing it for the incentive. ACEND has been providing more resources now that when I first became internship director 13 years ago. At that time training was limited and I had to learn a
I have observed that younger dietitians are less likely to volunteer as preceptors compared to older dietitians for the most part. I do have some young preceptors who are excellent but they are the exception. Many young RDs in my area refuse to be preceptors and do not want any students or interns and I don't understand that.

I live in an area where I am very fortunate to have eager preceptors. So I've never had an issue in that area. Since we are a little more rural (sites are in cities with 200,000 and small towns around) having dietetic interns has helped with employment needs. While we are rural, we are a big medical hub, being 300 miles away from large cities and medical centers.

I sought out training by CADE when I first became a program director. However, I don't believe ACEND offers much routine training for new program directors.

I was blessed to have had a mentor, a former director who took a lot of time and energy to mentor me to become the director that I am today.

I would like to comment on the questions in relation to the training - ACEND does not fund the training - so since my department is broke - I did not get training from ACEND because they do NOT have online training that I could do and there was no money to travel to Chicago - I perceive this as the barrier as to why training does not occur. Even if ACEND works on additional training for preceptor recruitment/retention - if it is not online/WebEx or something it could be pointless - my department will NOT pay for me to go anywhere (PS - I don't even get to FNCE - so it is not like they can tag onto another conference and hope we come early).

I'm in a fortunate position because most of our preceptors are at our facility and teaching students is part of their job description. I have not had to seek out preceptors to the extent of programs not housed in a medical facility and/or distance programs. At least half of our students each year choose to complete public health and sales/marketing rotations off campus, so we do some recruiting in obtaining those sites for students. When I first started as a program director, I attended the ACEND workshop at FNCE, and that was helpful. Had I not attended the workshop, I'm not sure I would have been completely comfortable with my role. Much of what I learned has come from trial and error and also with continued communication/networking with educators.

In my case, recruitment of preceptors is one of my toughest challenges, especially in the hospital setting. Retention is generally not very challenging in our program. Training on program logistics is not especially challenging. However each year we spend time and effort managing intern challenges that arise as a result of preceptors who are not especially adept at educating interns - especially interns of varying learning styles.

In regards to incentives, it depends on what kind/type of incentives you are referring to. Payment vs CEU? I did not receive formal training from ACEND. Just learned from tool kits provided on-line and previous Directors.

It is easy to recruit preceptors, but it is very very difficult to obtain clinical hospital site agreements. It is also difficult to get clinical hospital preceptors to take more than one intern at a time. Clinical hospital rotation sites are the reason it is so difficult to increase the number of interns our program can support. I did not receive training from ACEND when I became program director. The previous program director provided my training and we had a site visit the first year of my employment prior to me becoming the director - that was training enough!
It is not training we need. We need to teach our graduates to become preceptors. We know how to recruit them but they are very inconsistent and commitment to precepting is sometimes lacking.

It is very difficult to find preceptors in the LTAC and Dialysis areas.

It's not that we cannot recruit preceptors, it's that they are all being asked to serve multiple programs - they want to do it for the most part, but not every single day of their work life. I recently attending ACEND training for preparing a site visit/self study or PAR and it was excellent.

Much communication from ACEND is confusing and frustrating. Demanding that successful independent internship programs figure out how to add a master's program is a disaster. This new requirement will not produce better interns, it will only reduce enrollment into our profession. We simply DO NOT get paid enough for years to pay off graduate school student loans.

Our preceptors are all employees of the organization so recruitment is not an issue. Being a preceptor is part of their job descriptions.

Our preceptors are willing to assist us, but there just aren't enough rotation sites, especially clinical sites, to provide clinical rotations for all of the interns that we could take. The preceptors are willing to take more interns, but they don't have enough time and space due to their location.

Our program is blessed with many wonderful preceptors, but if we want to increase our internship spots, we will need more. It is crucial to the stability of our profession to have additional internship spots and therefore capacity (facilities, preceptors, etc) to support this increase.

Preceptor recruitment is an ongoing problem as distance interns and ISPP students are asking our sites (with which we have agreements) to take them instead of our interns. This makes a difficult situation worse. A number of preceptors do not feel they need training, even if they do - but would be willing to take more free CEU if it were available. I do not understand how we can give our elected board members CEU when we can not give our preceptors CEU for training interns - it is counter-intuitive. I also think there is a problem with the accreditation process as I was told by at least 2 ACEND staff that I should pay every year to go to Chicago to attend there accreditation workshops. The process should not be that complicated that one has to go to Chicago every year to be trained to meet accreditation paperwork standards.

Preceptor recruitment will not be helped by more training for me...the problem with recruitment is competition among programs for preceptors and now having to compete with programs who offer to pay preceptors will be the death of internships. Furthermore, more and more preceptors just do not feel obligated to contribute.

Preceptor training beyond the required 8-hour online module would be very helpful and beneficial. We are required to provide preceptor training annually and it would be nice if ACEND/CDR would provide additional opportunities for training.

Preceptor training is difficult because of the time it would take to do so. We have offered some general programs and provided CEUs but have not had much participation. It is difficult to get all the preceptors together. We use locations in a 60 mile radius from our city.

Preceptors are much less of a problem than contracts with facilities. Desired support from ACEND that we do not receive: Something to help coordinate contracts with practice sites. This could be as simple as a list with criteria from different states. For example: VA requires ... amount of liability, TX DOE requires ... pre-approvals for out of state degree granting programs,
etc. There are probably directors across the country that are dealing with similar requirements individually as we get applicants from these states. It would be helpful for all of us to have this information researched and shared. A standardized contract would be great but I don't see hospitals accepting it.

Preceptors are volunteer so the problem is they can be on board and then say no last minute - they are no always dependable which makes it very difficult. My schedule for intern placements changes numerous times throughout the year. I value my reliable preceptors as they save me when other preceptors cannot take an intern at the last minute.

Regarding preceptor retention: incentives are wonderful and go a long way, but some of my preceptors are not allowed by their facility to accept any "gift". Therefore, we are unable to provide this to any as we cannot provide it to all.

The legalities are the difficult part of securing new sites for interns; various greatly from one site to another! Also the distance programs compete with us now for sites also and that is very frustrating as an Internship Director!!!

The question on incentive is a good thing to provide but it depends on what level. We have so many preceptors, it is hard to individualize. If the intern spent most of her time with 1-2 preceptors you can manage that. Thanking them and being grateful, and sensitive to their needs is a must.

There are many resources for program directors to get support from ACEND. Some directors use the opportunities and some do not.

There are simply too many competencies and a number which are difficult to meet and are not really entry level. No amount of training will change this.

There is some confusion about preceptor recruitment. If an RD/RDN works independently it is up to the RD/RDN to choose to take interns. But if the facility or clinical nutrition manager doesn't want to take dietetic interns then whether individual RD/RDNs want to take interns or not is a moot question.

Training on preceptor recruitment/retention would be of limited benefit because no amount of training will change the fact that there is an insufficient number of preceptors. Recruiting preceptors is by far the most stressful, anxiety-inducing aspect of my job.

Training would be of limited benefit. I already have skills in recruiting and retaining volunteers. All the training in the world will not increase the supply of preceptors, and that's the problem.

We are burning out our preceptors! Too many hours required of RD supervised rotations.

We are fortunate in that we do not have a lot of difficulty finding preceptors. We use out staff and some former interns. We are an academic medical center and people want to help teach.

We do not have difficulty with preceptor recruitment at this time. However, with the increase of distance internships, we are starting to feel our area being 'infringed upon' and gaining negative perceptions of programs that send their students out to find sites when the students are not even aware of what is required of them. These programs can pretty easily step on the toes of established programs and I only see the slots in their internships increasing. This is a concern to me, our program, and our area.

We have very dedicated preceptors, but it is definitely getting harder each year to recruit. It is still not impossibly difficult, but one can tell that people would be happy to miss a year from time to time. I attended a CADE training session in Chicago when I first started out, and it may as well have been in a foreign language. I was all on my own in my new job and no one to turn to. It wasn't until I had to do a self-study for our site visit several years later that I really
understood the whole process. A mentor would have been wonderful. The language is archaic. Thank goodness for NDEP and the old listserv (the new one is far too difficult to access).

we typically use the same preceptors over and over each year, but occasionally require training of new ones if people leave positions.

While I think incentives for preceptors are appropriate (gift cards, AND membership, etc.), I have major issues with the recent trend towards (basically) paying preceptors to do the work. Yes, I understand it is time consuming—I have proctored interns for all of my 31 years as an RD—but I believe paying them sets a very bad precedent. It will increase program fees to interns and for programs like mine, that are operated through a non-profit agency, that is not an allowed expense so it puts my program at a disadvantage. We will fall back into the 'privileged demographic profile of our profession, reducing diversity for our client base.

Please provide any comments/feedback you have related to the above questions based on preceptor training, incentives, and being a part of the Dietetic Internship Program Team.

Being a preceptor does require a large amount of time. Some issues must be resolved prior to the student even beginning with HIPAA requirements and some hospitals and other healthcare facilities are shying away from taking interns because of problems encountered with students. Many times preceptors are on salary and students slow down the amount of productive work that you can accomplish, therefore, you end up working 55-60 hour weeks when you have them with you just to get your work done--on a 40 hour salary. This means the ones of us that do this are dedicated to the student as well as to our jobs/clients.

DI Director but not a preceptor. CDR should be the one providing CEU credits for precepting. This will go a long way in helping us recruit preceptors. OT provides 18 CEUs for a 3 year period!

I am a preceptor for the Aramark internship. I am the food service aspect of the the internship for the intern. Though I am able to teach them about this area there is no formal training for any of the managers in food service to be preceptors or at least I have not been offered any or am not aware of any.

I really enjoy having students and being a preceptor. It is extremely rewarding. In no way would I expect extra compensation for doing so.

incentives would make no difference to me, I feel as a professional this is my responsibility to the future of the profession. The irritation I face is the number of RD's in my area who will not precept students for various regions and the load falls on our facility, we are a small facility and take one coordinated student and one distance student per year.

It would be helpful to have a preceptor training every other year to refresh and learn new skills

My thoughts are neutral because although I desire training specific to the internships I partner with, I do not have time to volunteer my time for that training.

The facility I work for determines if they will accept interns. If it was my decision, I would accept as many as possible and so would my colleagues. I would be willing to put in extra hours as a preceptor if I was paid outside my current work hours, but it should not come to that. Again, I strongly believe all colleges offering dietetic programs should have clnial experience as part of program. Why have a major if graduates can not do anything with their education. AND needs to be stronger like nurses union who won't allow RDs in California to be licensed!!!
The programs that require a preceptor be set up prior to matching are very detrimental. I agree to precept someone before they are matched. I can only accommodate one intern at a time so I might refuse other interns only to find the intern I agreed to work with has not matched. Distance programs like ISU are a lot of work to set up and often fall apart.

Your last questions on incentives likely will be answered based on type of job one has. I am in an academic setting so is expected within job and also feel it helps to keep me current in my practice. More incentive needed in areas such as rural or private hospitals or with RD's in private practice.

Please provide any comments/feedback you may have on Individualized Supervised Practice Pathways and/or matching Dietetic Internship class size to Undergraduate class size.

Although I have years practicing as a dietitian I have not had enough recent experience with interns/students to make any judgments. I do know it is becoming more and more difficult to become an RD. It is easier to become a PA or MD. This is why I am a preceptor and try to be flexible. RDs do NOT get paid enough for the level of education that is required. AND needs to match education to the actual jobs performed...

As stated earlier - I was approached by an ISPP student (another program) and asked to help her find a clinical site. She told me she just had to do 300 hours somewhere and it did not matter what she did. Her comment "flies in the face" of the current accreditation standards. My impression is that ISPP education is far inferior to an internship and would advise any of my sites to think twice before hiring such a person. I think undergraduate programs need to be capped - but the academy cannot force colleges to cap their enrollment, at least not easily.

Being involved in an ISPP program helped me work alongside preceptors and the director on tailoring my supervised hour experiences on my goals that I would like out of each rotation. Example) being able to focus more on a specialty during clinical rotation versus a general focus.

Either methods is truly dependent on the intern. The intern truly makes the experience as good or bad as THEY want.

For the past two years, we have accepted ISPP participants- 1 per year. These ISPP participants were our own dietetic technicians who earned verification statements and participated in the match at some point after their schooling and before working as a tech. Although I believe that our ISPP participants receive a comparable experience to that of our dietetic interns, I would question their breadth of understanding and comfort with the concepts taught verses that of our matched dietetic interns. I attribute this to our ISPP participants being out of school for 10 and 20 years respectively. We decided against having our participants take refresher nutrition courses, but I would rethink this with another participant who is more than 5 years out of school.

In selecting these participants for the ISPP, our leadership team focused more on their job performance than their prior learning. This was not a highly reliable indicator of how they performed in the internship. Both ISPP participants managed to pass their rotations and one has since passed the exam and is employed (the second participant just finished); however, I do not feel they are on the same knowledge and skill level as our matched interns.
Having precepted an intern from an ISSP while working part-time in an acute-care setting while coordinating the day-to-day operations of a dietetic internship, I found the ISSP intern to be less prepared. The ISSP intern was able to secure good rotations; however, they were so specialized that during her clinical rotation, which was the last of her supervised practice, she had not built a strong scientific foundation and somewhat struggled. I feel there was lack of oversight and guidance on the part of the ISSP director. As a preceptor, I was frustrated as I felt that if there had been guidance for the student to build upon her experiences, her supervised practice may have gone smoother and would have been more beneficial.

I agree dietetic class size should match internship availability.

I am not familiar with the term ISSPS but if that refers to distance internships, I think the quality of the experience is inferior to centralized internships. That said, we need to broaden the pathways to RD. We also do not need to limit undergrads. There are many things they can do with BS in nutrition without going on to be an RD.

I do not believe limiting the number of those accepted into DPD programs will help, but require eligibility requirements would. The problem with ISSPs, in my opinion, is the lack of supervision they receive.

I do not believe we should decrease the size of undergraduate classes, however, making sure that when students are declaring their major they should be made aware of the lack of internships along with the match %. I have worked with both individualized supervised practice pathways and dietetic internships and I find that the interns in the ISSPs are more driven, are provided a better experience because there is less go between myself and the internship, meaning that the intern has to boldly define what their expectations are, while as most dietetic internship interns have a lesser positive experience and do not have the same drive because it's been expected of the internship to have already to communicated with myself.

I don't believe undergrad programs should reduce class size to match available internships but I do believe DPD programs should be selective/competitive in what students they accept. Accepting students that demonstrate the academic ability required to successfully compete for an internship will reduce the number of students not matching for an internship because they don't meet the standards.

I feel that we do a dis-service to undergraduates by not adequately preparing them for the challenges related to getting an internship. I know several students who have significant student loan debt and are underemployed because they have been unable to "match" with an internship. I don't know that this affects the profession as much as it does the students.

I firmly believe our real issue with a lower match rate is having DPD programs that allow all students to enter the program. With no entrance criteria these students may graduate with a lower GPA that puts them in a category of probably never matching. We have implemented a minimum of 3.0 GPA to enter our DPD program as a junior. Doing so has very much helped our match rate as a university. I think it is important to not just look at the number not matched, but look at whether they were ranked anywhere. Once you look at that you realized there are quite a few applying who will never get ranked-most likely due to a low GPA or poor recommendations, etc.

I have acted as a preceptor for one intern pursuing RD status through the ISSP route, and I believe that this is a great option. This allows students the chance to network with potential future employees and emphasize areas where they are most interested in.

I have had problems with ISPP students encroaching on my preceptor sites! People from the Midwest -- stay out of NYC -- we are FULL ALREADY.
I have never fully understood this route.

I strongly believe that undergraduate nutrition programs need to lay out the facts for their students. Coming in as a freshman nutrition major, programs should be required to explain the internship process and matching rate to their students. This should not come as a surprise to them during their junior year, which seems to happen frequently.

I suspect that once a minimum of a Master's degree is required to sit for the RD exam, the number of undergraduate DPD students will far exceed the ability of DI's and graduate programs to accommodate them.

I think ISPP's are a good idea that ACEND pushed programs to do. However, mainly it hurts the "local" internship in the area because when we go to approach a preceptor they now also have other students/interns contacting them asking for their time. I makes our schedules harder when we have to work around an outside student/intern coming into a facility that we already schedule or interns. ACEND gave free passes-so to speak, from an accrediting side to ISPP's and that does not seem correct either.

I think ISSPs have been positive for students because they provide a few more available internship slots, but the numbers are so small, it really isn't a significant improvement. Like distance internships, though, they also limit the number of available preceptor sites for established DI's because they compete for sites.

I think that ISSPS are a fair alternative academically but I think they limit some of the spots for distance programs in terms of securing preceptors.

I think the number of internships should meet the demand for RD's in the market place. Reducing the number of undergraduates would not make sense unless there are an adequate number of internships. If there is going to be a greater demand for RD's, then effort should be placed on increasing internships rather than decreasing undergraduate students.

I would rather see undergrad class size stabalized (limit growth) but continue to find clearly defined roles for those not placing in a DI. Many undergrads are better equipped to do nutrition/food coaching etc. t

I'm sure there are some good ISSP programs available, but then again you will have some not so strong programs as well. In the question about limiting undergraduates in DPD programs does not match with the answers provided. Ability to get into an internship does not affect the profession of dietetics per se. I do think it is a good idea to limit the number of students getting into DPD programs so those who complete the programs are more likely to get into an internship.

ISPP quality is dependent upon the program, just as other pathways in a dietetic internship. I imagine there are many inferior quality ISPPs. Our ISPP has a direct target market. The target market is not applicants who have not matched Our target market is people with a doctoral level degree who wish to seek the RD eligibility. We need more PhD, RD to direct and teach dietetic programs that are soon to be a masters minimum requirement.

ISPPs have made it more difficult for the internships to recruit and retain preceptors and affiliate sites.

ISPPs have placed a great deal of strain on traditional internships because they compete for supervised practice sites and preceptors.
ISPPs were a good idea but now has caused problems. They should all be converted to DI or Distance DI. As was recently seen in the NDEP listserv, some applicants deliberately sabotaged their DICAS applications in order to be rejected and then applied to ISPPs. If a program can offer an ISPP, it is should just be converted to a DI or Distance DI. I don't think ISPPs are really relieving the problem of shortage of DI and they also compete with traditional DI for preceptors.

ISPPs practice are only as strong as the Program directors allow. The experience can be just as rigorous or as poorly planned as any other experience.

ISSP can be positive but it all depends on the rotations the intern is able to obtain. So yes, it could be as good but it also doesn't have the direction and oversight. I manage a distance program so I have to problem with this approach. However, with ISSP, so often those applicants are not the strongest to begin with and they also don't have the strongest preceptors set up for experience. It goes back to the individual so can't say across the board.

ISSP has not affected our program as we get a very high number of applications but I am sure it does affect other internships. ISSPs can not compare to a well established internship program where preceptors come to work just to work with interns vs an intern having to beg an inexperienced preceptor to help them meet competencies.

ISSPs have made it even harder to secure clinical hospital rotations for our dietetic interns. We now have to contact our preceptors over a year in advance to secure rotations before the ISSP students take our spots. It is harder for preceptors to say not to an individual student than a program director unless we already secured our placement at their site.

ISSPs have negatively impacted our DI program because our program is not "competing" for those same spots. ISSPs may be inferior to traditional DI programs because interns and preceptors are not provided with the same level of support and expectations are lower in some cases due to lack of structure.

ISSPs have negatively impacted programs in California. The number of DI slots is already severely limited by rotation sites. Large distance programs nearby, with 60-80 slots, doesn't improve the situation. Add in the ISSPs and we have one more group looking for rotations that aren't there. The fees are exorbitant and the interns poorly supervised and supported. I have preceptors constantly telling me that the interns from those programs come to them without a clue as to their expectations for themselves, the preceptors or the rotation sites. And they look to me for direction and assistance since they receive it for my interns. My experience, here, is that they are merely intern mills and money machines.

ISSP's provide an alternative to individuals I would not accept into my internship program, but they are not accepted because they are not a good fit for the profession. In my experience (and only my experience), the RD's who did not match to an internship, but completed the ISSP are not as competent practitioners when they enter the workforce. The hours are done at remote and rural sites (because the larger sites are full of DI's) and they don't get to experience as much diversity in patients. Also, ISSP's have negatively impacted the DI's because I have ISSP students competing for spots in the hospitals-there are three major programs already trying to divide up the preceptors time, and these individuals contact them (and sometimes the preceptor doesn't understand that they are not an intern) and then I am left without somewhere to send somebody.

ISSPs should be a way to complete a graduate program as a route to becoming an RD. The independent internship programs should NOT be required to change to a masters programs and a masters degree should NOT be required to ENTER the profession. A masters is beneficial for career growth when the RD is ready.
It seems unfair to the student population for them to pay for an undergraduate degree that offers only a 50% chance of taking them to the next step.

Limiting numbers of undergrads in programs might help, but colleges and universities will close programs that limit enrollment. Reading the workforce demand study shows that we will need more RDNs not less. If we don't produce enough RDNs others will step in and fill the gap. As for ISPP, I am now competing with students and schools at my sites. There is no relationship building.

My answer to the last question is simply from the gut with no objective data, though I think the pass rates have been lower. This may not be the fault of the ISSP but simply that, for the most part, candidates may have done less well in their undergraduate program than those accepted into a traditional internship. Those ISSP grads have other attributes and I don't mean to denigrate them at all. They should great spirit, initiative, and persistence and may come out stronger in the soft skills than the traditional route - would make another interesting study!

My student was an ISSP participant. It was very stressful for her to put together the internships, but she ended up pleased with her choices.

Negative comments from distance programs and ISPPs regarding the management of these students. Preceptors prefer to know their DI Directors and where to reach them. Some of these students have arrived not know what "albumin" is used for in assessment - Yikes!

Our ISPP allows for 1-2 students and we have no one this year but have had 3 people go through. It is only for people with a doctorate in a related field and DPD verification. I do think this is a good option for having more doctorally prepared RDs which we need in educational settings as well as in research.

Our ISPP is identical to our distance internship minus the 2 graduate courses. However, pass rates on ISPP has been low and that is because we recruited students with lower GPAs. We have toughened our standards for GPA and hope to see improvements in pass rates.

Our ISPP student will have similar rotations and attend some of the internship classes. She will be able to continue her job and spread out the internship over a longer period. Some ISPPs are structured differently.

Part of the reason there is a higher placement of medical students in internship is because there is a cap to how many are allowed into medical school. So many DPD programs accept too many students and often they are not well-qualified for an internship. We turn many students away every year because they don't meet our minimum grade requirements. I feel like they probably should have been weeded out in their DPD programs or even before. So having a better cap in undergraduate programs would potentially help that. We have found that some schools secure training sites to do ISSP students. Some of these training sites have been places we have used for years, but what we hear is that the students are not as well prepared (often) and the program is not as well organized.

Pass rate at this time is lower with ISPP students indicating need to look at content of programs and how competencies are met

Question the quality of ISSP programs and supervision provided to students.

Some ISPP students are qualified but many often lack the academic skills needed to complete and prepare for an internship.

Students accepted into ISSPs compete with established internships, particularly distance programs for internship slots. I don't think it has helped the total number of slots available very much and makes finding appropriate placements much more difficult.
The ISPP experience is just as variable as the dietetic internship experience. Trying to comparing these, based on the limited number of ISPPs, is not really possible.

The ISPP is a "Band-Aid" effort when the real issue is the high number of DPD students compared to the number of DI spots. Requiring all DPD programs to screen and limit enrollment to the best students would communicate expectations early on in the undergraduate programs. Having an alternate choice for students who are not academically prepared for a DI, e.g. BS in Public Health, BS in Wellness, etc. for those students would be an option.

The ISPP provides an acceptable alternate to DIs and provides opportunities for qualified applicants to gain training.

The ISSPs seem to be a great way to allow more undergraduates access to internships, however, I have seen that they created too much strain on the preceptor pool in the areas I have worked.

The main negative impact is competition for already limited sites

The problem I see with ISSP programs is the lack of preceptors. In my state there are 3 dietetic internship programs and 1 ISSP program. 2 internships and 1 ISSP are in the same town therefore there is an issue with finding preceptors for all 3 programs. The purpose of the ISSP was for distance education and I don't feel that having an DI and an ISSP program running out of the same facility is effective. In addition the creation of ISSP programs has created some discord with traditional programs in that initially the RD pass rate would not be measured against standards for the first 5 years. Also by accepting students who don't match to other programs we may be training dietitians less prepared to go into the workforce. I feel that there should be some academic requirements to be accepted into a nutrition undergraduate program and into an internship. Each year I receive applications from students whose GPA's do not meet our minimum requirements of a 3.0 overall. When I have given some of these students an opportunity in our program they have struggled and we have struggled teaching them. If we want to elevate our profession we need to have higher standards. Narrowing the field to those more qualified would improve the match rate and also place more qualified people into positions. In addition I feel this would help make us more marketable and improve our salaries.

The problem is lack of preceptors. ISPP's have negatively affected DI's only in providing "competition" with securing preceptors in the area. RD's should be trained to give back to the profession and have the expectation of serving as a preceptor in their future career. That currently is lacking in the pathway to becoming an RD.

The quality of applicant who are inquiring about an ISSP is inferior. The undergraduate preparation of these applicants seems inferior and may negatively impact our pass rate. Therefore, we do not offer an ISSP and have no plans to do so.

There is an ISPP in our city; it has not negatively impacted us, but it could - the facility where they do their clinical experience is also where we send our interns for their pediatric experience, and there is the danger that they might tell us they can no longer take our students because of their work with the ISPP students. I feel like with ISPP programs there is less oversight and accountability, so I am concerned that their quality is less than a DI, although I have not evidence or actual experience with this.

Until becoming involved in the ISPP pathway I don't feel I can draw a comparison.
We have had quite a few applicants to our DI program that had low grades in some of the key DPD courses. I think these applicants would have a difficult time being accepted into a Dietetic Internship program, therefore contributing to the low overall match rate. If acceptance into DPD programs were more competitive, there would be fewer applying to dietetic internship programs and those applying presumably would be performing at a higher level academically.

We run an ISPP program and it has been beneficial to the students, but it causes me great headaches! It is extremely time consuming and although I can hire additional staff I am not sure it is worth it. I think we run a very solid program and keep close track of those interns so our program is successful, but I can tell you that it has doubled my work load. I do think the idea/premise is good but under the current standards it is very difficult

While I answered "no basis" to the class size question, I do have a basis, just not enough of one to choose one of the available answers. If class size were limited by GPA, we would miss out on training some talented practitioners. I think if promoting the DTR route creates jobs at that level of practice, then potentially more DPD graduates will take this route. My experience in talking to interns and preceptors involved in a ISPP is that it generally provide training and support of less quality. Obviously this depends on the individual program and the intern's self direction. I do think, while in some cases an inferior alternative, ISPPs are an acceptable alternative.

You have hit on the real issue of too few internship slots - TOO MANY APPLICANTS. Since almost 40% of applicants are not ranked by ANY program, they are not qualified for an internship/to be an RD. The DPDs need to cap enrollment on the RD pathway.

Please provide any feedback/comments in regards to the above ACEND-related questions (accreditation process, substantive change process, reaccreditation process, cost, and peer review process).

Some of the issues related to writing the self study were driven by DOE, not ACEND requirements.

Accreditation and reaccreditation takes a lot of time and effort on the director. It is overwhelming. I think it is beneficial, but I wish it could be somehow streamlined. And, many institutions do not give release time for accreditation/reaccreditation so the director has to squeeze in the hundreds of hours within all the other work of being a director.

Accreditation process is very complicated and time consuming. It takes hours of commitment over and above ordinary responsibilities.

Accreditation should be simplified for successful programs. ACEND needs to focus on the programs that are not producing students who pass the RD exam. ACEND needs to focus on getting universities to teach similar topics to better prepare students for internships.

ACEND is not consistent in their evaluation process

ACEND review process has inconsistent findings from program to program

All you have to do is ask around and listen - not all reviewers are the same. Some are more stringent, others are more lenient. I'm not convinced we are all getting the same review or the same review experience.

Although making program changes does require submission of paperwork and request I have not found that to be a deterrent to making the changes. I recently went through a self-study and site visit for accreditation and although it was a lot of work it was very beneficial to our program. I do think the template could be streamlined a bit, but overall it made the process easier.
At the present time I am waiting on ACEND to make changes clear for the MS part before I move forward with plans to change and update. The reaccreditation process is very time consuming but I think, having gone through this it is beneficial to a program.

Class size is affected by rotation sites—not cost. Every internship director I know would gladly take additional interns if rotation sites could be found—particularly for MNT in California.

I have been a program reviewer and on ACEND board along with being a preceptor. There is considerable care taken to be sure the process is unbiased.

I am not familiar with these processes and do not have time to research them.

I can speak for myself and I am 100% unbiased :) No agenda except to help others have successful programs.

I did not understand the first question in this series. Our program is relatively inexpensive. The main obstacle in expanding our program is lack of preceptors, not the cost. Of course, if we had to pay preceptors, then cost would be more of an issue. The entire ACEND process needs revising. I felt I had no support from my university administration during that year, and ACEND doesn't even make recommendations for number of faculty needed to support its programs. Thus, ACEND doesn't provide the support I need to ask for more faculty so that I can do all the paperwork it demands on top of teaching, etc. The peer review process was unbiased and helpful, but I felt I had no direction from the team before they actually arrived on campus.

I feel that programs should be held more highly accountable to standards. Since there are so many different emphases in programs there is not a possible way that everyone can meet the standards the same way. Instead of having announced reaccreditation visits possibly do more random audits/visits. I am aware of programs that did not meet standards/requirements over time although they had enough time to create data to be produced for a site visit and passed when they should not have. The change process is somewhat cumbersome. In the past when I wanted to extend or delete one week of rotations that was considered a "major" program change and required an extensive report submitted and approved be given. I understand a change in emphasis but for some situations it should not require such a cumbersome process. Since I work in a teaching hospital the cost is not an issue although it could become an issue in the future.

I have done several major changes in the years (9) I have been director and would not let that stop me from improving the program. Also, I think that it is not the cost of the program for a DI that is a problem but the number of hours and sites/preceptors.

I know someone who just had her site review and she was told, she could not put 100% as a goal for a competency. Is that not the goal, how can you pass an intern who has not met the competences. If you can, then why do we have them.

I spent 9 months writing our site visit document, putting my family "on hold" until it was done. There is a great deal of repetition in the pre-site visit document requirements. It requires a huge level of detail. Substantive change process is not an issue if there is a major change. Peer review was extremely helpful to our program.

I think the accreditation process varies a great deal depending on who is in the site visit team. Some reviewers are very hard on the directors, while others are reasonable.

I would agree that ACEND makes change difficult. For example, we recently partnered with two institutions to provide graduate degrees to our students. ACEND required a lengthy substantive change document for this addition after I had already detailed my plan to do this in our PAR. Also- we want to encourage interns to get a Master's degree (per ACEND's guidelines). The process should not be cumbersome for the student or for the Program Director.
I would love to expand my program. I just don't have any more places to use if I need to try and have clinical hospital placements. My site visits from ACEND have been great and I learned a lot from them.

Internship cost should be equal to a year of college cost.

It is not cost that prohibits increasing size..it is lack of preceptors.

Many times what the team finds is overlooked once it gets to ACEND to review and make determinations.

My first Self-Study Review is due in December with a site visit anticipated in March, so I have found the reaccreditation process to be a learning experience thus far.

Need more training to learn about the changes to the reaccreditation process.

Not only is the process complicated, when you call the ACEND office, varied advice can be given and they are not always responsive in a reasonable timeframe.

Peer reviewers expected things to be presented in a specific format. Instructions for preparing info for review was not specific enough. (ie: If they expect info to be presented in chart format, they did not want it presented in narrative format--but instructions did not specify the format)

Programs which meet the benchmarks should undergo a less extensive review for re-accreditation than programs which do not meet the benchmarks.

The accreditation process is necessary and very important—the complication comes from the vocabulary used in the guidelines. Can they not just ask directly for what they want to see without all the "big words" and double speak?

The accreditation standards are well-written and helpful. However, the templates for preparing a self-study for reaccreditation require excessive repetition of information. It can be streamlined and simplified. Also, the Board decisions seem to focus on minutia at times and reaccreditation is delayed because of silly administrative reasons.

The cost associated with the intern class size does not prohibit program expansion, in our area finding enough preceptors and facilities to place interns in to fulfill all of the requirements of the internship hinders growth. The requirements are very strict and finding the correct time, place and hours is difficult.

The limiting factor for the size of the class is preceptor availability. All other issues are easily solvable or have been solved already. Bias in a peer review process will always exist. ACEND reviewers are supportive and provide opportunity for constructive criticism.

The only comment I could find about substantive change in the 2012 Accreditation Standards for Internship Programs was in Appendix I (ISPPs). Appendix A on page 54 is the Core Competencies for the RD.

The process does seem a little too complicated - but I feel it is easier than it used to be now that ACEND gives more guidance on completing PARs and self study reports.

The questions as detailed above are confusing. I do not know what you mean by complicated, substantive or simple change process. It is always a challenge to make changes, but my experience is that it is doable and often results in a better designed experience for the interns.

The Self Study is very time consuming to write and could be simplified. The template is very helpful. My experience with the Peer Review process is that there should be some kind of weighting level for each data collection strategy. For example: We had a "whiney" class of students the year of our site visit. It seemed that their statements on individual issues (while important and needed to be heard) were in some cases misunderstood, and weighted more heavily than 5 years of positive comments and outcomes from previous classes. The overall
outcome was fine but I spent a lot of time undoing misconceptions.

The Site Review process varies so much based on the site reviewers that you get. We had wonderful reviewers who were focused on helping us improve our program, not trying to close us down. I have heard horror stories from other programs about their reviewers. Maybe better training for reviewers? As for changes to programs, it seems to me that only a few changes require notice to ACEND, so the process isn't that troublesome.

These questions are confusing and the area that was suggested for reference does not seem to correlate with the questions. I opted not to answer as I am a 3-5 day preceptor.

We had our peer-review site visit in Nov 2013 - and I feel it was VERY biased, the lead reviewer kept referring to "her program did..." I could tell she was comparing us directly to her program rather than the guidelines - bias will always sneak in. Plus I feel like the ACEND people told them ahead of time - what to focus on when they were there (it did not seem like a collaborative approach to the site review) - it seemed "canned" based on what ever ACEND instructed them to do and/or look for.

Please provide any feedback/comments pertaining to the above questions about Dietetic Internship Program diversity, cost, and in-state tuition.

Again, these are policy questions often beyond the control of the DI director. I do think that requiring a graduate degree is going to increase greatly the cost of becoming an RD. At my own institution, the cost is likely to quadruple.

Again, your question above does not match with the answers. This is a yes/no question, not a question about impact. However, I think that it must be up to the individual institution as to whether or not they provide in-state tuition.

All program tuition costs are going up so I follow suit but I think it's a very difficult year for interns, financially. The coordinated model makes the most sense, but is expensive and not practical if the DI is not associated with/near a university with a DPD

Although a good idea, I believe providing some the ability to get in-state tuition anywhere and limit others to one option would have a negative impact. You would be penalizing students based on where the live and you would limit the diversity in other ways.

As a distance internship we have a flat tuition rate for students training in our home state and out of state, so I don't really have specific thoughts on that. I don't think the matching process deters diversity. We have a lot of diversity in our program, but some of that comes from how we do our application rather than the matching process. I think if a program wants the diversity they will work to ensure it is there. As for cost, we offer scholarships and federal loans to students which helps all students. I am sure there are some programs that would be more difficult to get financial help, but overall I don't think that is a huge determining factor.

As a private school, our tuition cost is the same for in-state vs. out-of-state tuition.

Considering internships force students to move, in-state tuition should be the norm.

Dietetic internships are very expensive. I had to pay $15,000 for 18 graduate credits for "courses" that did not receive a letter grade, nor a pass/fail, and "courses" that aren't transferable to any master's degree. "Courses" were not even worked for towards a master's certificate, just for the supervised practice hours. My internship had no class sessions, exams, etc. I felt like that
was a waste of money.

For states without DI programs, a reciprocity agreement should be in place with other states. For example, veterinary medicine has a system of reciprocity.

For the above two questions, the institution's policies regarding tuition will drive these decisions. Dietetic internships are subject to the rules of their institutions.

I also think distance programs should be able to offer instate tuition to out of state students since they are working remotely and in their own state.

I am at a private institution and in or out of state tuition does not apply.

I charge the same rate to all interns, whether in state or out of state.

I like the idea of them not having to pay out-of-state tuition if they do not have an internship program in their state - however I am not sure it would be workable from the university administration stand point - seems like a from an equal opportunity standpoint - not sure it would fly ?

It seems to me that the cost of internship as well as the match process, as compared to the pay coming out of school severely limits the type of person who can come into the dietetics profession. Basically, it is going to most likely be someone with a higher SES and has some kind of family (parents, spouse or extended family) who can support them through the process. I would be curious to know how many new RD's come from families where they are the first in their family to attend college. It just doesn't seem likely. Therefore, we skew our skills and perspectives to best understand the demographics of our community that match ours. Higher educated and higher SES.

My internship program receives applications from all over the US therefore I don't feel diversity is an issue in our program. Since our tuition is the same for everyone and reasonable based on feedback I don't feel there would be a benefit to in-state applicants especially with 3 internships and an ISSP in our small state.

My program does not charge a fee/tuition so I have no basis to provide feedback for these questions.

My program does not use DICAS and selects interns based on multi-cultural experience and diversity. Given that, many come from disadvantaged backgrounds. It is not so much the program cost that prohibits them to relocating for an internship, but the need to work to support themselves while completing a program (mine work part-time and do the internship part-time, and yes it does take them longer than with other programs), have families (husbands, children) that prevent relocating and the actual cost of relocating and room/board, which adds to the cost of the program.

no comment

not all DI's are associated with academic programs and therefore don't all charge in-state /out of state tuition

Not applicable to hospital based internships

of course any effort to reduce cost to students would help.. this is not complicated.
Offering different tuition rates based on state of residence doesn't make sense for some programs, as budgets are closely managed, and it is difficult to formulate a budget if you don't know many in state vs. out of state interns you will get.

<table>
<thead>
<tr>
<th>Our distance students pay in-state tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our internship does not charge our interns; however, they do work part-time for our WIC program when not in their rotations and get paid a full salary with benefits.</td>
</tr>
<tr>
<td>Our program does not charge tuition and is still providing a stipend. Changing the name of internship to residency and providing a provisional license to practice could result in residents receiving compensation. This could make costs less prohibitive. It would also keep the focus on &quot;practice&quot; rather than on academic assignments to achieve competencies.</td>
</tr>
<tr>
<td>Our program is very low cost compared to other programs. We use the tuition to provide labcoats, books, RD exam resources, etc. for our interns to borrow during the internship if needed.</td>
</tr>
<tr>
<td>Our rates/costs are the same for all students/interns. I think going to the MS degree is one of the greatest things that impact diversity. We will see less diversity in the field by offering this. Any time you make it harder, increase the cost, etc. it will impact diversity overall, the tuition fees for DI programs are too high.</td>
</tr>
<tr>
<td>Programs would tend not to accept from these states if the costs would negatively impact their status but would certainly accept students from these states if their administrative bodies agreed.</td>
</tr>
<tr>
<td>Rates should be same for all.</td>
</tr>
<tr>
<td>Selecting interns with diversity is not tied to cost, it is tied to academic achievement and ability to pass the RD exam.</td>
</tr>
<tr>
<td>The above question regarding in-state tuition rates does not have appropriate questions. It is a &quot;yes or no&quot; question but the answers provided ask about impact. Read the question and try to answer the question!!</td>
</tr>
<tr>
<td>The above questions focus on university-based programs. Ours is a free-standing program that is free for applicants, with the exception of their living expenses.</td>
</tr>
<tr>
<td>The answers provided are not broad enough. I run a DI program at a state university. We charge the same fee regardless of state of origin. HOWEVER, we also charge graduate school fees for credits interns earn. I have no control over those fees: in-state for our students and out-of-state for those outside the state. We attract in-state students and turn off those from elsewhere. All education programs charge money and therefore affect diversity.</td>
</tr>
<tr>
<td>The cost of dietetic internships is prohibitive for many students. In our program, which is housed in a public/state university, but tuition is through Extension, so virtually like a private university, most interns are able to get financial aid, but that adds to their undergrad debt. Many state/public universities cannot or don't want to continue supporting dietetic internships because class size is small and so they push these programs into Extension and interns have to pay a lot in tuition. It is definitely impacting diversity - I know of several excellent potential applicants who did not apply because of financial reasons.</td>
</tr>
<tr>
<td>The current approach is an issue particularly for students coming from single parent homes who have &quot;maximized loans&quot; as an undergraduate. Once the profession requires an MS:RD for profession entry - we will lose much/most of our students of color as they will not be able to get more loans and there is no ROI for MS:RD, i.e. starting salary is no different for BS:RD than more expensive MS:RD.</td>
</tr>
<tr>
<td>Tuition waiver is determined by the individual university and may not be a policy the DI Director can initiate.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>We are a private university based program. In state tuition does not apply. I think the extra time and cost associated to do an internship decreases the diversity of the profession especially considering the return on the investment.</td>
</tr>
<tr>
<td>We charge the same tuition in state and out of state and have had no issues with diversity.</td>
</tr>
<tr>
<td>We do not differentiate our tuition for in-state versus out-of-state interns.</td>
</tr>
<tr>
<td>We get plenty of out-of-state applicants and some have matched and completed our program.</td>
</tr>
<tr>
<td>We have GA for our students and do everything we can to help them financially. AND should offer more scholarships for diverse students. We have early acceptance for minorities. Minorities need tutors in undergraduate school, ESP in sciences. They need flexibility in classes as many work. They need book scholarships.</td>
</tr>
<tr>
<td>What is would see as a possible program is that schools are seeing cuts just like everyone else. SOOOOOOOOO if you had two students that were educationally equal, would you not take the out of state students to make more money over the in-state student?</td>
</tr>
<tr>
<td>When DIs are administered by colleges and universities, they are going to be bound by the rules of those institutions. Maybe there should be more emphasis within the dietetics community (the Academy, ACEND, NDEP, etc) on developing more DIs in other types of institutions, such as hospitals and state and local-agencies.</td>
</tr>
<tr>
<td>Whether I think they SHOULD qualify for in state tuition is different than what I think the impact would be.</td>
</tr>
<tr>
<td>While I think it may be a good idea, I have not checked with university experts to see if this is even an option.</td>
</tr>
</tbody>
</table>

Please provide any feedback/comments to the above questions related to Masters degree requirements.

(Q 1 in this series) Requiring a graduate degree for registration eligibility is not a pass rate issue. (Q 5 in this series) Do you mean "more qualified" as in better qualified, or "more" qualified as in a greater number? The question is poorly written and misleading. The way this series of questions is written seems very slanted against requiring graduate degrees.

A Masters degree does not guarantee better preparation for success in a DI nor in the profession. A Masters degree may impact career progression, but I do not believe it will make a better RD. The undergraduate programs provide the foundation for success in a DI and for success as a credible RD and I believe a stronger science, anatomy and physiology and biochemistry base is needed, as well as education in focusing on outcomes and financial impacts. The Masters degree RDs are no stronger than those without a Masters degree.

A master's degree is unnecessary. The rate of pay for the average RD will not cover the cost of a loan to get yet another degree. The push to over-educate is not helpful to the quality or preparedness of new graduates. Students need life experience, not more books and lectures.
A masters should not be required but should be valued if acquired eventually. Requiring a masters in nutrition would not have done me any good for the variety of RD related jobs I have had. I ended up earning a masters in education after working for a few years and it has been of great value. Yes, I am more professional because of it. Yes, I should be paid more because of it. But, requiring it when I was 20 years old would have been unnecessary. Let these grads get out there and work for awhile and then decide where they want to focus.

Again - semantics of how I interpret the questions but here goes.... I think the percentage of RD's that hold masters degrees already is high and likely most RD's start out learn the field and then go get a masters degrees - if we put it first I think it will hinder, especially a person that is first year college student in family to tell them they have to pursue masters degree before RD - will deter, especially since the rate of return (i.e. salaries - do not seem to increase with a masters). Ultimately I can say that our interns that come in with a masters before the internship do seem more prepared and do better at the intense pace of the internship -- but I don't think that they have a specifically higher pass rate on the RD exam (but of course I do not know that statistic). In a perfect world, my solution would be that they do the internship first, with a contingency they will start to pursue a masters within 5 years of getting the RD.

As long as the MS degrees are strong all will be well. It is having these 1 year combined DI-MS programs that worry me and will make no difference in preparation. Salaries will increase as a result of inflation. but also we will see a slight increase in salary mostly because government jobs will provide higher salaries to those with advanced degrees. This may not be necessarily true to other positions.

At this time I do not feel that having a master's degree will have much of an impact on our field especially since an MS degree in nutrition is not required just an MS degree which could be in any area. Social workers have a required master's degree and are paid the same amount of starting salary or slightly less than dietitians therefore I don't see any impact on salary. If graduate programs are more strict on their admission criteria then there could be an increase in more qualified practitioners although depending on what the master's is in will make a difference on whether it is beneficial to their position or not. A MS degree in itself does not guarantee a better prepared candidate.

Having a master degree myself and working with other dietitians who do not, I find that masters degree's do not so ever increase the knowledge base or make a dietitian more qualified. The only difference between myself and fellow dietitians who do not have a masters degree is that i pay more in student loans. Dietitians will not receive higher salaries regardless of masters or higher education, it's how we are perceived in the medical field.

I am in agreement that a Masters degree is beneficial for our profession but not as an entry-level requirement. It will greatly increase the cost of education and put most of our students in more debt. Most of our students get the RD, get a good job and get their masters degree part time. Some jobs even help pay their tuition. These students pace their degree based on affordability. Now it can take years before a student can even get an entry level RD position. I am very against the Masters degree as an entry level requirement.

I believe that requiring a Masters Degree would in no way impact workplace preparation. It seems as though having a strong dietetic internship (and work ethic) is what adequately prepares students for entering the workplace.

I certainly hope that a Master's degree will increase the quality, prestige and salary of dietitians in the work place. At my institution, dietitians with a graduate degree have a higher salary and have more opportunities for growth. I'm not sure if it will impact the pass rates of the RD.
I do not believe a Master's degree is beneficial or should be required for entry-level practice. I believe DPD programs should be revised to include practical experience, which would prepare students to better succeed in an internship.

I do not believe the Masters degree will result in a higher salary for practitioners but I strongly believe that it should.

I do think the MS degree can be required within the first professional portfolio/continuing education cycle, i.e. 5 years after passing the registration examination.

I have Master's degree. I think it can be relevant to some areas of the field. However, for a clinical dietitian this may not be relevant and cause more fees for students who are struggling financially already.

I have students with and without MS degrees-they apply for the same jobs and often the MS do not get the job, the BS do. I have 2 unemployed interns out of my last class, they both have MS degrees. Their salaries are also not higher, not sure if employers think they should pay them more, so they choose the BS so they don't have to? Not sure I think a MS student can be better prepared, but I am not sure entry level jobs really need them more prepared. I personally think that requiring additional education for the same job, considering the cost is unethical and overall not good for our profession. Putting more debt on our new graduates for nothing, the same jobs, is unethical.

I think that more education will always yield more prepared professionals; however, it will limit access to the field even more, discourage diversity and create more education debt grads in a field that I highly doubt will see a worthwhile pay bump. Many RDs benefit from working in the field prior to choose a Master's that refine their specialty. The best case scenario would be that all Master's programs were coordinated with an internship. This would make the path clear for those considering a career in dietetics with a guarantee that they could sit for the exam after completing the education requirements.

I think the requirement of a Masters degree, at the entry level, is absurd. For entry level jobs that degree of education is not required nor compensated. I believe it should be tied to advanced practice credentials, etc. I don't believe a masters in nutrition will help an entry level RD in food service or clinical work-only education or research. An MBA(which I have) or MPH, will not make the entry level work any easier. And, no, I don't believe I have ever received more money based on my masters degree-it has, however, helped me secure more advance jobs-along with my experience. I think the added burden of cost will push (intelligent) individuals into professions with the same requirements and better pay.

I would hope it will increase salary. I also think we need to be honest about why/who needs to have a masters. And create a space for mid-level dietetics practitioners and utilize them.

I'm not opposed to requiring a Master's degree for entry level. However, I don't see a benefit if the Master's degree is in a field unrelated to nutrition (ex: art conservation)

In a group that values diversity, and that sees those of diverse backgrounds excel in our profession, I think that it is very prejudiced to think that requiring a master's degree will limit diversity in our profession!

In general, I am in favor of the Masters degree, but am concerned because there are not clear guidelines of what types of Masters degree will qualify. It will definitely increase costs of DI programs and further reduce diversity, which is a big negative. I am not sure how it will impact preparation for employment or wages - I hope it has a positive impact but I am not fully
**In my experience, students coming into the internship program with a Masters degree are NOT better interns or better practitioners. In some cases our Masters prepared interns have been the weakest.** Especially compared to an intern who spent that year or two getting work experience. **It will depend greatly on what type of Master's and what the program includes.**

**Increasing RD salary is not a reason to pursue changes to entry level for the profession, the reasons are related to quality and quantity of educational and practice needs to provide good care to the public.**

**Internships should NOT be required to be combined with universities in a masters program.** A separation is good for helping interns focus on their interests so they can decide in what area to get a masters when they are ready once they have practiced for a few years.

**It is difficult to respond to these questions with confidence since there are not requirements for what the master's degree is in.** If an individual completes a BSN-DPD, then does an internship, then earns a master's degree in geology, I think their chances of passing the RD exam will be impaired. If an individual completes an undergraduate degree in a health-science area, earns a master's degree in nutrition +DPD and completes an internship, in that order, then it makes sense that they would improve their chances to pass the RD exam and of gaining access to jobs and being more highly perceived in their work setting.

**I've always encouraged those interested in a Master's degree to get one. I am glad that our profession is moving this way. It will be a positive change for our profession and the public.**

**Many of our colleagues already have Masters or higher--PharmD, PTs, many of the RNs etc. Having a masters will provide a more confident practitioner who understands research methods, has more experience in critical thinking, and writing skills, hopefully, will be improved.**

**Master degree requirements will decrease the number of practitioners and increase significantly the cost to students-it will have no effect on salary or professional standing.**

**Most institutions do not provide additional salary for a Masters. This is rare.**

**MS:RD requirement will reduce number of "student of color" applicants as they may not be able to get additional student loans, and there is no ROI (return on investment), i.e. contract food service (Sodexo, Morrison, Aramark) are on record - they will not pay more for an entry level MS:RD than a BS:RD. I am fearful we will be creating a "book smart, people stupid" set of new practitioners with the MS: RD requirement. If RD(s) become too expensive - there will be greater incentive to automate our functions/ roles particularly in the hospital setting.**

**no comment**

**Not knowing what a Masters degree needs to be in is a problem. MBA? MPH? Nutrition? MPP? Just having a masters won't increase salaries. Salaries are based on level of work, quality of work and value of work performed in the marketplace.**

**Our program has a high number of MS students and also have not all passed the RD exam. I haven't seen the pass rate tied to MS degrees, providing the BS intern was a strong student. A lot of the things RDs is entry level. I'd rather see advance practice require a MS and for the intern to be required once they are out and they know what they want to do. Just having a MS doesn't make them more marketable at entry level but does provide more opportunities for advancement down the road.**
Regarding workplace preparation, if the work is in advanced clinical, outcomes management and research, or grant writing, a Master's degree would be beneficial. For other entry-level work, I do not believe the Master's degree provides any added benefit. If anything, I expect it would result in a flattening of entry-level salaries.

Requiring the MS will demand a higher wage; however, businesses may not be able to afford to pay the wage. You may end up with companies hiring less qualified candidates because they can pay less. Also-many companies have language requiring the employment of RDs for some positions but they do not understand the level of qualification-this may also detract from pay. This is a much bigger conversation than just a yes or no question.

Requiring a Masters MAY increase prestige, but maybe not... I feel like most other health care practitioners don't know what is required to become an RD anyway. I'm not sure that it will enhance wages either - I think our lower wages are largely a result of the fact that there is very little reimbursement for RD services, compared to other healthcare providers. I don't think that we should decide on a Masters for any of these reasons though - we should require a Masters simply because the amount of knowledge and skills required to be a competent RD is considered a Master's level education.

Requiring a masters will lower the number of internships thus producing fewer RDs in the future. Then that will open the door for other professions to take over our role even more.

Supply and demand determines salaries. I do agree there needs to be more specialization. Clinicians do need rigorous education in nutrition not diluted by classes in areas where they do not intend to practice. Clinicians need to be more knowledgeable re: metabolism, pathophysiology, physical assessment, micronutrients, research etc.

Tacking on a masters degree will do nothing to increase salary or respect or prestige. It makes the RD pathway more expensive and more removed from the DPD coursework if the masters is in another field.

The masters degree requirement will only do the above if the masters is in a related field for the person. I am concerned that under the current situation a person can have a masters in anything - french literature even and while critical thinking and writing may be improved, dietetics profession related knowledge and skills will not.

The pass rates shouldn't be affected by the masters degree if the exam is appropriately designed to reflect the changes.

These are hypothetical. I have no idea what will happen, though I doubt our salaries are going to increase. When I earned my MPH, my boss said "congratulations." That was the end of the discussion.
This issue really concerns me. No, I do not think a salary increase will result from requiring a Masters degree. Our students will simply have higher student loans, which will probably be a deterrent to those entering the field.

To impact wages, employers must require a masters degree for the RD positions. Otherwise the masters degree will probably not significantly impact wages.

Unfortunately, I don't think having a Master's will enhance salaries--I don't believe those with Master's degrees now have higher salaries. Higher salaries will depend on supply and demand and perceived value of the RD.

We as a profession need to keep up with the rest of healthcare which are requiring higher education/advanced degrees.

We had requirement for masters degree. This was dropped when we increased the length of the program (5 years ago). The interns were older--more mature--some had worked and went back to school to change careers. The first time pass rate is higher now. Students with masters are eligible to be considered for jobs that require a masters. They don't necessarily find jobs faster than those with bachelors. Many previous interns work a couple of years and then decide which masters they want to get. Many do not know which areas they like until they experience them during internship.

We previously had required Masters Degree prior to starting internship. The past 5 classes did not have that requirement. The age of the interns was the most notable difference--even though there are still some older students with additional degrees. The younger students with BS degrees have done well in rotations and have a good pass rate.

While I value the importance of higher level education, and have a Masters degree, I do not feel it has assisted with additional acknowledgement, salary increase or respect deserved in the workforce. Education to the public regarding why being Registered and Licensed is important would assist with increased wages, proper respect and understanding of the difference between non-Licensed and non-Registered practitioners. People too often are given credit for providing nutrition related information and statistics that do not have the background required to do so.

Would hope Masters degree would promote higher wages, but no guarantee.

wow I am glad I became and RD when I did. I don't think it is worth it to put students through all of this when job opportunities are limited.